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ABSTRACT

A Senate committee hearing received testimony on the educational needs of Native Hawaiian families and young children and on existing programs that serve them. Oral and written statements were presented by Senators, parents, teachers, school and program administrators, and organizations concerned with Native education and culture. These statements discussed the need to improve the school readiness of Native Hawaiian children, the role of parents and extended families in teaching young children, the importance of maintaining Hawaiian culture and revitalizing the Hawaiian language, the need for culturally sensitive teachers with training in Hawaiian Studies, preschool programs that require parent participation and provide parent training, programs that immerse young children and their parents in Hawaiian, experiences with special needs children and welfare reform, community play groups, the need for outreach programs that provide health education, a mentoring program that pairs elementary students with young adults trained in Hawaiian culture, the role of business-community partnerships, a model for aligning culturally relevant early childhood education with state goals and standards, and needs for federal aid. (SV)

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ED 469 326

S. HRG. 107–451

NATIVE HAWAIIAN EARLY EDUCATION, DEVELOPMENT AND CARE

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

TO RECEIVE TESTIMONY ON EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

APRIL 5, 2002
HONOLULU, HI

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NATIVE HAWAIIAN EARLY CHILDHOOD EDUCATION, DEVELOPMENT AND CARE

FRIDAY, APRIL 5, 2002

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Honolulu, HI

The committee met, pursuant to notice, at 1 p.m. at the Disabled American Veterans Center, Honolulu, HI, Hon. Daniel K. Inouye (chairman of the committee) presiding.

Present: Senators Inouye and Akaka.

Mr. THOMPSON. I'm going to read the pule that my father has been using for the last 20 years.

Let us call forth the supreme powers of our individual spiritual beliefs to join us. For those of us who have them, call forth our Aumakua, our guardian angels, to be with us today. Now reach inside ourselves and touch the spirits of family members and special friends who have assisted us to be people who care, want to share, and dare to achieve impossible dreams. Let us gather our spiritual strengths so we can aloha them, thank them for their continued encouragement, guidance and protection as we proceed through life.

Now for our supreme powers' blessings upon this gathering. In the words of my grandmother, in the language of comfort, na ke akua e hoopo maikai I'a oukou. Aloha, aloha pumehana.

STATEMENT OF HON. DANIEL K. INOUYE, U.S. SENATOR FROM HAWAII, CHAIRMAN, COMMITTEE ON INDIAN AFFAIRS

The CHAIRMAN. Thank you very much. The Senate Committee on Indian Affairs meets today to receive testimony on early childhood education. Our dear friend and colleague Pinky Thompson had a vision. His dream was that all the children in Hawaii would be afforded the very best start in life, and studies inform us that the most important determinant of one's potential in life is predicated on the growth and development of the brain, which begins, as we all know, well before birth.

But what may be less well known is how important it is that from the earliest time of life, babies and children are surrounded by stimulation. It may be as simple as making certain that a baby is active, that the baby receives the attention and care of his or her parents and others in the family. The simple act of playing with a baby may be more important to his future than any of us have previously known. Studies indicate that children who are in institutional care for one reason or another and who may lie in their cribs for hours without any attention from another human being show permanent and long lasting effects on their subsequent ability to learn and respond to the world around them.

So today we will hear from those in our community who have studied these matters and are working with Hawaii's keiki to assure that they have a healthy and promising start in life. This will be the first in a series of hearings on these matters. We will follow with hearings in Washington. But today we dedicated this first step to our beloved friend, Pinky Thompson. Pinky we thank you for your vision, and for the values that you so often expressed. You will serve as our guide as we walk this path.

And may I now call upon my distinguished and beloved colleague, Senator Akaka.

STATEMENT OF HON. DANIEL K. AKAKA, U.S. SENATOR FROM HAWAII

Senator AKAKA. Thank you very much, Mr. Chairman. I want to thank you very much for holding this hearing today to gather information that will help the Federal Government to assist in the efforts of public and private educators, health care providers and families who provide the support and nurturing necessary to help children in the critical years of child development. It is very important to all of us.

And Mr. Chairman, I'm going to ask that I be allowed to make a brief statement and that my full statement be included in the record.

The CHAIRMAN. Without objection, so ordered.

Senator AKAKA. I'm pleased to participate in this afternoon's hearing on Native Hawaiian Early Childhood Education, Development and Care. I join you in paying tribute to our dear friend, my brother, Pinky. Pinky Thompson devoted much of his life to working to build a better future for Native Hawaiians. It is with great pleasure that I join your efforts, Mr. Chairman, and all of you here gathered to make Pinky's vision for Native Hawaiian children a reality.

As a former educator, I believe there is no greater tool for success than the quality education which we can provide to our children. Education in Hawaii takes on greater significance as we consider the continuing need to preserve our culture, our language and our heritage in a rapidly changing and technologically based environment. Innovative programs that encourage family and community participation to preserve culture and increase Native Hawaiian access to quality educational opportunities play a significant role in ensuring a bright future for all of us.

I am pleased to see the success of parent participation in preschools such as Keiki O Ka 'Aina, and to hear from parent participants about the value of this important program. I am equally impressed with the Pulama I Na Keiki program which focuses on prenatal care. I am encouraged to learn of the progressive actions taken by the Kamehameha Schools to meet more of the educational needs of Hawaiian families and children, as the Kamehameha schools increases outreach, public-private partnerships and collaboration with communities as well as other Native Hawaiian agencies and organizations to increase educational opportunities and access for our people.

I am interested in hearing more on how the mana'o is developed by Ho'owaiwai Na Kamalii and how its guiding principles will be implemented. I look forward to working with the State of Hawaii to fulfill its goal that all of Hawaii's children will be safe, healthy and ready to succeed.

Again, I thank you, Mr. Chairman, for bringing us all together on the vision of our great brother and friend, Pinky Thompson. Thank you very much.

[Prepared statement of Senator Akaka appears in appendix.]

The CHAIRMAN. Thank you very much, Senator.

Our first panel consists of Myron K. Thompson and Hamilton I. McCubbin, the chief executive officer of The Kamehameha Schools.

Mr. THOMPSON.

STATEMENT OF MYRON K. THOMPSON

Mr. THOMPSON. Thank you, Chairman, Senator Akaka, friends and family.

My name is Myron K. Thompson. I'm the eldest son of Pinky Thompson, and the reason I'm here today is that my father, unfortunately for all of us, recently passed away. I have been asked to share my father's vision for the need for early childhood education and care of Hawaiian children.

I'm in a very unique position in that I knew Pinky Thompson from a number of different perspectives. The most obvious one was that he, of course, was my father. But we interacted and related on community and social issues constantly. I spent countless hours with him talking about many subjects.

But the one that came up the most is the one that we will be addressing today, the need for early childhood education and care. As most of you know, Dad was a courageous leader. He did not always know the path to the desired end, but he never wavered from his basic intention. That was that he wanted to improve the condition of the Hawaiian people and all people of Hawaii. He knew that Hawaiians were testing poorly in schools. He knew that our prisons had a higher percentage of Hawaiians in comparison, and he knew that there was too much drug and alcohol abuse. And he knew that our race had lost its pride and self-esteem.

So his vision, which formed early in his life, was to do whatever he could to improve the Hawaiian race culturally, economically, educationally and spiritually. It was also his contention that the ancient Hawaiians had a lot to teach us and much of that was lost over time. As we gather here today, it is this same basic drive that continues. Pinky Thompson was a passionate man. He believed strongly that the area to address, the area that would produce the most lasting and long term results, is the area of early childhood education and care. He believed that if you address children early on, provide certain basic needs, they will respond positively, and you have a chance of breaking the dwindling spiral of the culture and the race.

The other major point that he constantly made was that we need to create an environment that is safe and healthy. Because such an environment creates the proper elements necessary for children to grow physically, emotionally and spiritually. A safe and healthy

Hawaii became his personal mission statement. Coincidentally, it became the mission statement of our family also.

Today there will be both written and oral testimony from many people that substantiates the need for further help in accomplishing that vision. The ongoing testimony will make it abundantly clear that there is much more to be done. It is my own personal conviction that Dad's vision is vitally important, and Dad's vision does need to be carried forward. For the sake of Hawaiians and all mankind, we all need to take more responsibility for the problems we face and do whatever we can to seek out and find workable, effective solutions that provide a safe and healthy Hawaii, Nation and world.

I stand here in front of our Congressional delegation, friends and many others with similar hopes and dreams, and say that in honor of my father's courage and dedication towards improving Hawaii and the world, let us never stop on this journey until we get the job done, and to restore our place in our world as proud, courageous, caring people equipped with the tools necessary to flourish and prosper in our complex society.

Mahalo.

[Prepared statement of Mr. Thompson appears in appendix.]

The CHAIRMAN. Thank you very much, Mr. Thompson.

Now may I call upon Dr. McCubbin.

STATEMENT OF HAMILTON I. McCUBBIN, CHIEF EXECUTIVE OFFICER, THE KAMEHAMEHA SCHOOLS

Mr. MCCUBBIN. Aloha, kakoa. Good afternoon, Chairman Inouye and Senator Akaka, honorable members of the U.S. Senate.

My name is Hamilton McCubbin, I'm the chief executive officer of the Kamehameha Schools. I appreciate this opportunity to testify before you as an advocate for vastly improving the school readiness of children of Hawaiian ancestry.

All children, like Pinky, have dreams. All children want to please. There are little heroes just waiting to succeed. But success is a process requiring care and support. Research tell us, as already noted, that if a child is safe, healthy and supported by his or her family and community, that the child will not only confidently begin the transition from the home setting to structured learning environments, but will also likely grow up to be a contributing member of our society.

In Hawaii, our State legislature recognized this importance by defining school readiness as young children that are ready to have successful learning experiences in school when there is a positive interaction among the children's developmental characteristics, school practices and family and community support. In other words, school readiness requires the four domains in the child's life experience to interact in positive, healthy and reinforcing ways.

This presumes that a child is in a state of physical, social and emotional well-being. The child's family assumes responsibility for providing the resources a child needs to have a healthy and emotionally supportive environment. The child's school has a plan that proactively engages the child's family in providing a systematic transition for the child from the home or early education program into kindergarten and school. And finally, the child and family is supported by a nourishing community willing to keep children safe, adequately nourished and to ensure their physical well-being.

There are cultural and at-risk domains. Those are universals of school readiness for all children and for the Hawaiian child, at least two additional domain realities must be added to the equation. First, Hawaiians, as other indigenous cultures, often learn differently from children of mainstream western society and cultures. And school readiness for the Hawaiian child requires a cultural overlay based on the very foundation of the Hawaiian culture and learning the family.

Hawaiians' extended family system is the traditional source of learning. It is intimate, direct, nurturing, culturally grounded, and a very effective learning tool. So as we seek a safe and healthy and school-ready Hawaiian child, it becomes our kuleana as education providers, Federal, State, and local government, community, family and educators, to support school readiness within the context of a culture.

Second, sadly, our Hawaiian children represent a disproportionately large at-risk segment of our society. Poverty, substance abuse, maternal child health risks levels among Hawaiians are considerably higher than other ethnic groups in this State. There are literally too many risk factors besetting the Hawaiian child and impeding school readiness to be cited in any oral testimony. Additional data are attached in the record.

But among them, it should be noted that Hawaiians have the highest teen birth rates. Hawaiian children represent nearly one-half of 47 percent of all children affected by asthma in Hawaii. Of particular concern is the lack of access to critical health care for an estimated 10,978 children in the State without health insurance, 28 percent of whom are Hawaiians.

Hawaiian children have the highest exposure, or 51.8 percent, to family use of alcohol, tobacco or other drugs than the statewide average of 45 percent. Support is absolutely essential. In the State of Hawaii, Hawaiian people, our host culture, also represent a disproportionately large segment of households living at or below the poverty level.

At Kamehameha, for example, more than 70 percent of our pre-kindergarten students receive financial aid. More than 60 percent of our K–12 students receive financial aid. Education without question is the answer and the tool that is often the salvation. Hawaiian children benefit most when educational opportunity is driven by and built upon a sensitivity to the learning and cultural strengths inherent in the Hawaiian community.

At Kamehameha, we are partnering with public and private agencies because we must pursue the public-private partnerships in order to attempt to meet the needs. We are developing early childhood scholarships for financially needy children of Hawaiian ancestry living in regions where existing preschool or Head Start programs are not available. Kamehameha, in collaboration with others, is initiating family education services programs to advance educational service programs including child development, family and community workshops, home visits, family training and counseling.

It all helps, indeed, the Federal Government and the Federal dollars, when combined with dedicated partnering initiatives at work today in the State of Hawaii, will assist our State to build the community capacity necessary to address the desperate need for culturally sensitive early education programs and care for the children of Hawaiian ancestry.

All children have dreams. Working together to increase school readiness among children of Hawaiian ancestry will not only make them an equal part of our national education agenda, it will help provide the safe and healthy environment so that a child's school readiness might become the key to making the child's dream come true.

Mahalo for the opportunity to testify before you.

[Prepared statement of Mr. McCubbin appears in appendix.]

The CHAIRMAN. Thank you very much, Dr. McCubbin.

Mr. Thompson, I believe all of us here agree that early childhood education means pre-kindergarten. Do you have any age? Does it begin in the womb or at age 2 or 3?

Mr. THOMPSON. I'm only speaking from my Dad's perspective, but he believed that the crucial area was zero through five, actually from conception on is when the care needed to be taken.

The CHAIRMAN. So it begins at the earliest stage?

Mr. THOMPSON. Absolutely.

The CHAIRMAN. Therefore, the mother's health may be very important.

Mr. THOMPSON. Absolutely.

The CHAIRMAN. So it is not just one effort, but a multiple effort.

Mr. THOMPSON. Exactly. And you know, I'm only speaking from memory of what he talked about, but he would reiterate that if you were to attempt to reverse the downward trend of a particular race as ours is, or has been, you need to start somewhere. He basically thought the idea would be to take the ages from 0 to 5, concentrate on that and go from there. Because the future will be built on that.

Of course, in order to do that, you have to help the new mothers in the same arena so that they can take care of the kids properly, so they can create the environment necessary for the kids to grow and expand.

The CHAIRMAN. Dr. McCubbin, you speak of children at risk. Are there any Federal programs that you are aware of at this moment that can help you in your school readiness concept?

Mr. MCCUBBIN. Senator, absolutely there are existing programs. But maybe not at the level that is necessary. Take for example the Keiki O Ka 'Aina program that really attempts to stimulate children at a very early age as a complement to special education programs, or to our preschool program. This is an important component.

But when you look at school readiness, a concept that says there are four, in our case six areas in which we need to address, there are some programs but not in any real integrated forum. It's really nice that we can have an opportunity to listen to different initiatives here, for we have not had much opportunity to bring all of these units together. We still have a ways to go.

The CHAIRMAN. What role can the Federal Government play?

Mr. McCUBBIN. If I can speak from two vantage points, one as Kamehameha and the other from a social scientists and developmental perspective, the role of the Federal Government falls along three lines. One, obviously at the policy level, a national commitment, much as reflected in your presence here that early childhood is not just an added stage in development, but a critical stage, as Pinky has always emphasized.

So the emphasizing at the national level this kind of policy allows us at the State and private sector level to use that as a vehicle to support and reinforce those particular objectives.

Second, obviously a lot of us have a strong commitment, while Kamehameha schools is not in the Federal funding business, there's no question we are committed to helping communities develop the capacity to develop their own programs where Federal funding makes a significant different in what we can do. As I already mentioned on Keiki O Ka 'Aina, but there are many other programs that are very dependent on Federal support and have made tremendous differences.

The third is the promulgation of leaders throughout the entire State. By emphasizing the importance of the role of community in developing and responding to the needs of the families in their communities, that's also part of the Federal initiative would cultivate not only individual programs, but community capacity.

The CHAIRMAN. As you may be aware, there was a time not too long ago when Kamehameha Schools were involved in a federally supported keiki program that actively involved parents. Was that a success?

Mr. McCUBBIN. Involving the parents was not only a success, and we apologize for withdrawing from that initiative, but we're pleased that there are other programs like Alu Like and Keiki O Ka 'Aina to maintain that kind of commitment. Without a doubt, the nurturing environment of the family, and let me define family broadly, not just parents, we have kupunas, we have grandparents, we have aunties and uncles, we have hanai grandparents, aunties and uncles that can make a lot of difference. So it's the adult family world that we need to reinforce and support.

One final note, if you look at the current research by Emmie Werner, conducted on the Island of Kauai, where the kids were definitely at risk over time, it was her finding that it was the grandparents and the families and the parents that really reduced the risks, no matter what they were, for giving the kids an early start and opportunity to develop.

The CHAIRMAN. Thank you. Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman.

Myron, I was touched by your testimony, and I applaud your family's mission statement for a safe and healthy Hawaii. I appreciate your taking the time to explain your father's vision, and I look upon him, as you mentioned, as a courageous person and achiever, one who worked at something until it was finished. That was his style. So I have a lot of love for you and the family, and I look forward to working with you and the family to improve early childhood education, development and care for Native Hawaiians. Please give my love and aloha to your mom and family.

Mr. THOMPSON. I'll do that.

Senator AKAKA. Dr. McCubbin, your testimony discusses the concept of Head Start programs. What I liked about what you mentioned, because it's true, is the lack of cultural contingencies, that are not usually in educational programs in Hawaii. You mentioned the concept of malama as it pertains to preference by many Hawaiian families, to keep the children close to home. And I want to also take the time to commend you and congratulate you on what you're doing as CEO of the Kamehameha Schools.

My question to you is, how is Kamehameha Schools, as it seeks to provide early childhood education and programs, addressing the needs of the Native Hawaiian families?

Mr. MCCUBBIN. First of all, mahalo for the comments and affirmation. As you know, our trustees are very committed to early childhood education, partly because of the legacy of Pinky and Pinky's family. So it's a pleasure as well as our honor to move ahead with this.

I'd like to say that Kamehameha Schools has built in the parenting component and the family component in the most comprehensive way. But we're not there yet. Actually in the era before 1995, when the Kamehameha Elementary Education Program [KEEP] and our traveling preschools were prominent, Kamehameha had a genuine commitment from birth all the way through, and had a very key role in facilitating the role of the families. That diminished, as you know, in 1995, what we oftentimes refer to internally as an internal mahele of some form.

But given that, the trustees are current, including, well, the trustees are current, have made a commitment that we really must emphasize parents and family in our programs. That's why we're looking for, I mentioned Keiki O Ka 'Aina several times primarily because we're quite attracted to that and Family Service America and their initiatives, trying to figure out not so that we build our own, but to build on what already is in existence and what programs we can link to.

There's no question within the next year we can expect a flourishing of family focused programming. But I can't say that we are there.

Senator AKAKA. I'm glad you mentioned in your testimony the extended family. Because in Hawaii, that's part of our legacy, part of our culture, our history and culture. We often talk about the immediate parents. But I certainly am interested in using extended family in this way, in educating the Hawaiian child. I'm glad also that you mentioned the cultural strength of the Hawaiian child that can be brought to education.

My final question is, what kinds of family education services programs are being developed by the Kamehameha Schools?

Mr. MCCUBBIN. As I already mentioned, we are really looking at partnering with existing programs. For example, there are several prominent federally-funded programs that are limited by their own funds. Kamehameha Schools is anxious to replicate, if not expand those.

But there are two other tracks the Kamehameha Schools are interested in. One is by working more directly with public schools. While Kamehameha Schools has traditionally built its own preschools and extended its own programs, we're convinced that if we're going to reach more and more Native Hawaiians than the 5 to 7 percent that we do now, we really need to partner with the public schools in a very constructive way.

In this sense, actually the Governor just signed the bill yesterday that permits Kamehameha Schools to partner with the DOE schools in a very constructive way, as I mentioned. We can expect the family component of these programs to be expanded. But it also means the redefinition of the family to be much more inclusive than the definition we have.

The second strategy is to develop specific family life education programs designed to nurture families and their ability to recover, when we talk about poverty, at-risk kids and school readiness from a family perspective. We're looking for different strategies in which we can enhance the well-being of families in order that children may benefit. But these will be traditional family life education programs.

Senator AKAKA. Mahalo for your manao. Thank you.

The CHAIRMAN. Thank you very much.

Our next panel consists of the following: Ho'oipo DeCambra; Ms. Brandy Silva, parent of a keiki in Pulama I Na Keiki; William Johnson, of Keiki Steps Play Morning; and Kalau'ihilani Robins, Assistant Director of Punana Leo O Kawaiaha'o, accompanied by her daughter, Anuhea Robins.

May I first recognize Ms. Decambra.

STATEMENT OF HO'OIPO DeCAMBRA

Ms. DECAMBRA. Since I handed in my testimony, Senator Inouye, on the first, I have expanded a whole page. My thoughts have gone on and on. So I'm just going to capture in about 3 minutes maybe the salient points. Thank you for the honor and invitation to testify.

Papakolea. What I got in early childhood was enough help to get me through life. The entire island was my learning laboratory. Mother took me to a healer in Makiki at my birth. I watched as only a little child could in awe of the demonstrations and acts of Hawaiian ritual as mother paid tribe to Pele, the volcano goddess, and Ke Anuenue, the rainbow goddess. While my mother had to deal with the pressures of providing a house over our heads and food on the table, she was a continuing presence in my life. She knew what a child needed, traditional touching as in lomi lomi, stories, ritual, connection to the land. She kept the families together, both emotionally, spiritually and economically.

Wai'anae. My two children have grown up in a very different society. Although we were able to raise them by the ocean with much of the same values and traditions, many environmental influences were downright evil. During the 1980's, I saw illegal drugs invading my community. And as we witnessed tragedy in our own families, as you can read in my testimony, we also did research. What we found in our community was that there were extremely high rates of reported cases of infants prenatally exposed to this drug called ice and other drugs.

Sacred places. My testimony is titled Sacred Places in Our Beloved Community. I borrowed this from a friend, Puanani Burgess, who has described the need for us to create these sacred places.

Hawaiian children have a great need to grow up within these sacred circles. I wish to recommend to the committee that you seek input in your work ahead from adults who are in recovery from alcohol and drug abuse, who are at least perhaps 3, 5 years in recovery, include them in the discussion of how to develop this fervor of support for early childhood development.

Include early childhood educators. And I want us to have them be culturally sensitive and however you define and work to identify that these early educators on your planning development committee are culturally sensitive, I will be satisfied. Grandparents and parents are very important in this deliberation, as are teachers who are dealing with this trauma in our community of children and their high-risk behaviors and other issues. The business community, health workers that interact with these families, the mental health worker, the nurse practitioner that knows them intimately, the doctors, CPS, a very critical voice that we need to hear from. And community college faculty and non-profit organizations in the community that are doing direct service to provide care to children.

I believe our communities have always been very resilient, and that they are able to develop organizationally and have as the need has arisen in our communities. I believe in Wai'anae, of course I would brag, from Wai'anae, that we have the tremendous amount of organizational and human resources available to raise a child. And I believe that we are able, with proper development of a larger plan around early childhood development, that we are able to engage with you in discerning how best to do that on the Wai'anae coast.

Currently, there is a large movement toward revitalization of Hawaiian language by educating Hawaiian children in Hawaiian language immersion schools. I believe that's very important, because the Hawaiian culture and language, as we have heard, should not be kept marginalized and on the side. If we really want change in our communities, then they need to be at the forefront of our efforts and support in our State.

I believe we need to see statewide adoption of Hawaiian-English bilingualism, and that we need to see more effort in supporting teachers to get training in Hawaiian studies, and that time spent learning what is important to the children who come from this ancient culture in our island. I believe without such change that teacher education our children will continue to be seen as lacking something, rather than as the future of our people, rich in tradition, and with gifts that are in need of encouragement. Early childhood education must be seen as taking competent children and helping them blossom in all ways. Anything less is theft.

We must build child care centers. I don't believe children should be in basements or in temporary quarters. They need light, airy, beautiful places for our children. They will respond well to such places. They will know that they have our respect, and will want to continue to earn it and to investigate knowledge and to make art and to articulate their ideas. We must prize the children and then they will take care of the future for us.

Thank you, Senator.

[Prepared statement of Ms. DeCambra appears in appendix.]

The CHAIRMAN. I thank you very much, Ms. DeCambra.

And now may I call on Ms. Brandy Silva.

STATEMENT OF BRANDY SILVA

Ms. SILVA. Good afternoon Chairman Inouye, Senator Akaka. My name is Brandy Silva and I'm a parent of a 5-year old son and a 5-month old daughter.

When I was pregnant with my daughter, I joined the program Pulama I Na Keiki. I'm here today to testify why Pulama I Na Keiki helped me to overcome challenges as a parent and what benefits I'm receiving as an active participant in the program.

Even thought I already had a child before joining Pulaama I Na Keiki, I felt I could profit from this program, because as a parent, it's a learning process. And there is always going to be more to learn. We can never know enough and we never have all the answers.

When I found out that I was going to have another child, I began to think about being the parent of two children. Would I have what it took to juggle attention between the children? My child was already a handful and it had been years since I tended to a baby, almost 5 years.

I joined Pulama I Na Keiki and it helped to ease my anxieties. This program has helped me as far as labor, I had questions about labor. I delivered before, although I had experienced many pains and aches that I didn't experience in my previous pregnancy. My parent educator had come and we had discussed labor signs, hospital readiness. Also prior to delivery, we had gone over car safety issues. We learned about care.

These were all things I had done before, but time had passed and I wasn't sure if I could do it again. With their support and encouragement, and the knowledge and information they were handing to me, I was able to do it.

My parent educator meets with me once a week. She is also there to help me when I have questions about things we haven't covered. There were a couple visits where I had requested some information she brought me, some of it was on baby massage. I have heard through others that touching and interacting with the baby by baby massage stimulates them and helps them to grow better and helps them result better. She had brought me this information which helped.

Another good aspect of the program is that we do projects, we create homemade toys that help to enhance the development of the children, how they interact in Hawaiian culture and what it means in Hawaiian society.

Not only has this program helped me to care properly for my children, but it's helping me to achieve my goal of being an active parent in developing my children's skills, so one day they will be able to achieve their greatest goals.

For all these reasons, I am grateful to be an active participant in Pulama I Na Keiki. And I thank you for giving me this opportunity to testify.

[Prepared statement of Ms. Silva appears in appendix.]

The CHAIRMAN. I thank you very much, Ms. Silva.

Now may I call upon William Johnson.

STATEMENT OF WILLIAM JOHNSON

Mr. JOHNSON. My name is William Johnson. My daughter Berlin attends Keiki Steps Play Morning at Pilila'au Park in Wai'anae. Berlin just turned 5 years old in February and will be entering kindergarten in the fall. Just about every day she would beg us to send her to school. But we could not afford preschool and don't qualify for a lot of other programs. So Keiki Steps/Sunshine Play Mornings are perfect for families like ours.

At Play Mornings I get to spend quality time with my daughter and she gets to socialize with other children. I also like to play with the other children. I enjoy the guest speakers, field trips and interesting educational activities provided there.

My sister heard about the program and told me about it. We have told several of our friends. Unfortunately, it was sad to know that our play group is getting too full and there was a limit on the number of kids who can attend. I was also surprised to hear Play Mornings are not available in all communities. I think it would be helpful if there was a way to coordinate all efforts to have programs like ours in all Hawaiian communities.

So I am here on behalf of other parents in situations like my own and from our Wai'anae community in hopes that my testimony will continue to help fund such excellent and school readiness programs to ours and all Hawaiian communities.

Thank you for letting me share my story with you.

[Prepared statement of Mr. Johnson appears in appendix.]

The CHAIRMAN. Thank you very much, Mr. Johnson.

Now may I call on Ms. Robins.

STATEMENT OF KALAU'IHILANI ROBINS

Ms. KALAU'IHILANI ROBINS. Aloha mai kakou. Good afternoon, honorable gentlemen. I would actually start with my daughter, Anuhea. She would like to express some thoughts to you.

The CHAIRMAN. Anuhea, we're going to listen to you now.

Ms. ANUHEA ROBINS. Aloha nui kakou [phrase in native tongue].

The CHAIRMAN. The obvious love that exists between mother and daughter is most appropriate at this moment. That alone is sufficient testimony. Ms. Robins?

Ms. KALAU'IHILANI ROBINS. My name is Kalau'ihilani Robins. I'm a proud parent of three children, ages 8, 4, and 2. My oldest daughter Pu'uwai attended Punanao Leo O Kawaiaha'o. My 4 year old daughter currently attends there and my 2 year old son will get to be there this January.

I'm here to talk about the challenges a parent faces when seeking out early childhood education and how I have benefitted by it. While I was pregnant with my oldest child, I began research for a preschool that I could send my daughter to. Punana Leo's program appealed to me because I felt it was important for my family to learn the Hawaiian language, its cultures and values, something I was taught, but not enough to carry it out to my daughter. This was a place I could do that.

I had already heard benefits that children have received with learning more than one language as part of early childhood education. When my daughter Pu'uwai was 2½ years old, I applied at Punana Leo O Kawaiaha'o and was told immediately that spaces were limited, so not to be discouraged if my daughter did not get in. Through the application process and the interviews, we were fortunately one of the 9 families chosen out of 34 applicants that year. After my first daughter attended there, and all the experiences we had shared, I knew it was important for all of my children to attend Punana Leo.

I now recognize the benefits that my oldest daughter received going to Punana Leo, the learning skills, gave her a foundation for her reading skills. I was quite worried about her learning English. And at the second grade level, she reads at a third and fourth grade level. That was just wonderful for my family.

She also excels really well in other subjects, as well. Punana Leo has given her a sense of self awareness. She knows where she comes from. I believe that the Punana Leo early childhood education has benefitted her abilities and her self-awareness up to today. This past October, I decided to leave my previous employer as a bank supervisor to become an employee of Punana Leo, because the passion in me was so great for the language.

Not until I became an employee did I recognize how lucky our family was to have been chosen to be part of the Punana Leo program. We have just completed applications to be processed at the school for the 2002–2003 school year. We received an estimated 45 applications. But because of the lack of funds and spaces we were only able to accept 11 families. It's such a sad thing to say that a lack of funds prevents us from providing this valuable service to everyone. So it's a very heart wrenching, stressful process. I have studied almost every interview and read every application. It is hard to decide which families possess the qualities and traits that fit our philosophy and mission. I feel that all of these families have the right to receive our services. How do you answer a parent wanting to know why their keiki will not get accepted?

Punana Leo is the only early childhood education program that offers Hawaiian language immersion. I do not feel I have the right to choose who is provided services and who is not. I feel there should be a Punana Leo in every community with the ability to service everybody wanting to be a part of this program. I feel very honored and privileged to be a part of the Hawaiian language movement at Punana Leo as a parent and an employee. Punana Leo has been an important part of my family and has served as not only a preschool for my children but also a way of life.

I strongly do not believe that Punana Leo is for every family, but I do believe that all families should have a program easily accessible in their community that fits that family's needs and is affordable.

As the professionals have spoken previously and will be speaking after me, have stated that the early years of a child's life is the most crucial time. We as a community should embrace that fact and provide all the assistance for our children. I would like to thank you both, the men and women of the Congressional delegation, for allowing us to share our experiences and thoughts here today.

Mahalo.

[Prepared statement of Ms. Kalau'ihilani Robins appears in appendix.]

The CHAIRMAN. Thank you very much, Ms. Robins. I must tell you that there aren't enough mothers who speak with passion about their children. So I thank you.

If I may now ask Ms. DeCambra, according to your testimony, your life at Papakolea was a very happy one.

Ms. DECAMBRA. Yes.

The CHAIRMAN. Would you say that the life of Hawaiian children today is not happy?

Ms. DECAMBRA. I'd say there's a large number of Hawaiian children, the term people use is at-risk. I still think that communities are resilient. With the right kind of planning and structural support, we can address those ills, those weaknesses. So I think we're able to address those problems and raise them so that they become assets in our community, rather than deficits, as you've heard in ways that these young people have testified.

The CHAIRMAN. So you believe that the program we have in place could be enhanced and expanded?

Ms. DECAMBRA. Yes; I believe the programs that are in place are life saving. Definitely. I believe the capacity to increase that life saving effort needs to be there in any way possible that you have the power to help us with.

The CHAIRMAN. Thank you.

Ms. Silva, how are your children today?

Ms. SILVA. They're okay. You mean like right there at this moment? [Laughter.]

The CHAIRMAN. Who told you about the Pulama I Na Keiki program?

Ms. SILVA. I have a friend who joined and told me all she was learning with the program, and said that it may be something I would be interested in. So I called up the director of the unit that I'm in and I had an interview and I was accepted. So we started our visits.

The CHAIRMAN. And you say it has been very helpful to you?

Ms. SILVA. Yes.

The CHAIRMAN. Would you like to see it continue?

Ms. SILVA. Yes; we also have, because of limited funding, they can only accept parents with children up to 3 years old. We start prenatally. But even though I was a parent with a child who was already 5, with that 5 years of experience, I still didn't think I had enough to raise another child.

With this program, I've been able to build that confidence and strength into myself to know that I have a resource I can turn to that's going to give me the knowledge so I can give my children opportunities for the future. Just being able to relate to them better, being able to make these toys. We even took these charts, that checks on your child's status, we do activities that help to improve my child's development in the six major skills of development.

The CHAIRMAN. We'll do our best to see that other children are as happy as yours.

Mr. Johnson, it may surprise you that United States Senators are also parents. [Laughter.]

The CHAIRMAN. My son went to the public schools in Maryland. I attended PTA meetings, I missed just two of them. I was chaperone at dances and I did my very best to live up to my responsibilities as a father. I am happy to know that you are doing the same thing, going on field trips and such. What sort of field trips were these?

Mr. JOHNSON. We just had a field trip yesterday to a discovery center. That was excellent for the kids and for me, it was the first time I've been there.

The CHAIRMAN. I bet you learned just as much as your child.

Mr. JOHNSON. Yes, I did.

The CHAIRMAN. That's the beauty of this type of program, where parents get involved with their children. I think they learn just as much as the kids.

Mr. JOHNSON. Yes.

The CHAIRMAN. So keep it up.

Ms. Robins, I commend you for being passionate in your work and your love for children. As I said earlier, there are not enough mothers who are that passionate. If there were, we wouldn't have any problems. So just keep it up. Do not be embarrassed when tears fall. It is a good sign.

How is your eldest daughter doing now?

Ms. KALAU'IHILANI ROBINS. Very well.

The CHAIRMAN. What grade is she in?

Ms. KALAU'IHILANI ROBINS. Second grade.

The CHAIRMAN. What is her learning level, her reading level?

Ms. KALAU'IHILANI ROBINS. Her reading level is about fourth grade.

The CHAIRMAN. That's pretty good. And you credit that to Punana Leo?

Ms. KALAU'IHILANI ROBINS. It has given her a basis of learning skills that will continue as other [Native word] to do and excel and enjoy what she's doing.

The CHAIRMAN. What do you do in Punana Leo?

Ms. KALAU'IHILANI ROBINS. I'm an assistant director there.

The CHAIRMAN. Well, keep it up. We'll do whatever we can.

Ms. KALAU'IHILANI ROBINS. I'm so happy to hear that.

The CHAIRMAN. Thank you.

Senator Akaka?

Senator AKAKA. Thank you very much, Mr. Chairman. It's good to hear from what we call the grass roots.

Ms. DeCambra, I was interested in your comments about the program there in Wai'anae and your suggestion that we should have a comprehensive approach in developing a successful model for early childhood education and care for Native Hawaiians. I know that you have worked in the community and you know the community and the capacity of the community as well. I like your mention of at-risk.

I guess what we call that in a different way is, we call that challenges that children face today. There's no doubt that the challenges that you have in Wai'anae now are so great, so critical. When you talked about the drug babies, this is something that will affect the whole community and whole State, because we're going to have to take care of them. I agree with your intention to try to use the community to help meet these challenges that face Native Hawaiian children and families.

I know you've been associated with different programs. Specifically, let me ask you, what role do you see for the Federal Government, if any, to play in this process?

Ms. DECAMBRA. As we heard earlier, I think at the policy level there needs to be a commitment to early childhood development. I think we heard the parties refer to zero to five. That means when in the womb, I think the adult parent needs the support of helping them through that prenatal care. I think at a policy level, making a commitment and making that commitment to early childhood development in our Nation and particularly in Hawaii would be a wondrous thing.

Senator AKAKA. Thank you so much. Continue the good work you're doing out there in Wai'anae.

Ms. DECAMBRA. Thank you.

Senator AKAKA. Ms. Silva, I want to commend you for talking about your period of expectancy and also about the culturally sensitive kinds of experiences you've had with your children. You also mentioned that the program helped to care properly, helped you to care properly for your children. My question to you is, how well known is this program in the community?

Ms. SILVA. Not very, as far as I know. I only found out because someone I know was in the program. Other than that, nobody, I know none of my neighbors that I talked to were aware that this program existed. I told everyone I know how much it's done for me and what I'm getting out of it. I'm referring a lot of people to the program.

Senator AKAKA. The program you're in now, how many children are there in the program?

Ms. SILVA. We don't meet as a group, we meet one on one. We've done a few workshops where we meet as a group, but it's up to the parents if they can make it. Some of them need to catch the bus, some of them don't have a way, some of them, maybe their babies were sick. The workshops that I have attended, I think about eight parents and their children.

Senator AKAKA. Mr. Johnson, I was interested in your testimony about Keiki Steps Play Morning. So I guess this program takes place in the morning?

Mr. JOHNSON. Yes; it does. Since I work at night, I can take my daughter in the mornings. It helps me to play with her.

Senator AKAKA. Besides being with your daughter, do you participate in working with other children in the program?

Mr. JOHNSON. Yes.

Senator AKAKA. How widespread is this program? Is it just within your community or is it in other communities?

Mr. JOHNSON. I think there is one in [Native word] as well. Other than that, I don't know much about it.

Senator AKAKA. Ms. Robins, of course your daughter shows that she's enjoying the program. Her Hawaiian is, from what I could gather, I couldn't hear everything she said, quite well, and she is a bright, bright girl. I'm asking this question not because of her, but maybe because of other children, do you think that this Punana Leo program gets good results for children?

Ms. KALAU'IHILANI ROBINS. In language or in other areas?

Senator AKAKA. Both in the language and in their education.

Ms. KALAU'IHILANI ROBINS. Like I said, it's probably not for everyone. But the lives that it has touched that I see, I have been in Punana Leo since 1997. And I've come across many people. I can honestly say it's a life changing experience.

Senator AKAKA. And let me ask you, at home, do you speak both English and Hawaiian, or just mostly Hawaiian?

Ms. KALAU'IHILANI ROBINS. I try to speak Hawaiian as much as I can, and then where I don't have the knowledge, I'll substitute English. My husband tries to keep up with her. Actually, when the child attends Punana Leo, it has been shown them, by the third month already, they're at a level where the kids speak and communicate and understand. So she often tells us [phrase in native tongue], Mama, you should correct me if you see any problem. So actually, it's a learning thing for both of us. So we do do both. But I try as much as I can to speak Hawaiian first.

Senator AKAKA. Just as an example, my grandson went to the program. I guess they forget, because we're at somebody's house and he'll say [phrase in native tongue]. The person will say, what is he talking about? But he's looking for his shoes. [Laughter.]

Mahalo. Thank you so much. Thank you, Mr. Chairman.

The CHAIRMAN. And may I thank all of you, Ms. DeCambra, Ms. Silva, Mr. Johnson, and Ms. Robins, and Anuhea. Thank you very much. Mahalo.

The CHAIRMAN. Our next panel consists of Lori Matsuoka, Leialoha Jenkins, Parent, Keiki O Ka 'Aina Preschool, and Nanea Akau, Student, Hale O Ulu, Child and Family Service Alternative School.

May I call upon Ms. Matsuoka.

STATEMENT OF LORI MATSUOKA, PARENT, KEIKI O KA 'AINA PRESCHOOL

Ms. MATSUOKA. Good afternoon, Hon. Daniel Inouye and Hon. Daniel Akaka.

About 1 year ago, I was what many people might term as a stay at home mother. Abigail, our youngest child, was not yet old enough to attend grade school. My husband, Millard, and I decided that it would be in Abigail's best interest if he worked while I remained at home to care for her.

Although I was able to spend a lot of time with my daughter, I often wondered if Abigail might benefit more if she attended a preschool. However, even if I worked, the cost of sending her to a regular preschool would have been a financial burden for our family. I would also defeat the purpose of my wanting to be the one to care for her.

I heard about Keiki O Ka 'Aina Preschool and the HIPPY program through a friend. It was like an answer to my prayers. This school would provide Abigail with an environment much like a regular preschool, but what was unique about it was that it required each child to be accompanied by at least one parent or caregiver. It was a parent participation program.

I soon found out that the goal behind Keiki O Ka 'Aina was that it believed that the parent is the most important teacher in the life of their child. We are grateful to you, Senator Daniel Inouye, and the many individuals who believed in this program's mission. Keiki

O Ka 'Aina Preschool became federally funded, which allowed Abigail and I to take advantage of this wonderful program which best suited our needs.

Abigail and I started attending Keiki O Ka 'Aina in January of 2001. It provided us with a safe and nurturing environment where I was encouraged to be active in every stage of her learning. This allowed me to see Abigail learn and develop in ways that I probably would not have been able to in the regular preschool setting.

Abigail was given opportunities to interact with other children while I developed friendships with other parents and caregivers. It was a real ohana, a family.

Periodically, guest speakers were invited to share information in their specialized field, such as health, child development and family intervention. Keiki O Ka 'Aina also was the site for WIC, which is a program that provides subsidies for families that qualify based on their income. Our family has also been able to benefit from the WIC program, which I probably would not have otherwise known about if it were not for Keiki O Ka 'Aina.

A valuable part of Keiki O Ka 'Aina was its focus on Native Hawaiian education. A creative curriculum was provided for families where we learned about an important aspect of our lives: our culture and our heritage. I could see the benefits of attending Keiki O Ka 'Aina as not only Abigail's but my own self-confidence grew. Having previously been a victim of domestic violence, it was a major step for me to be out in public.

As I became more active in the preschool, I felt that I had finally found a place where I was safe, I wasn't being judged, and that I was accepted for who I was. As I continually received encouragement from the staff members, my self-esteem developed. I branched out and attended conferences on child development and education. I will always be grateful to have been given these special opportunities to become further educated in an area which is important to me, the preservation of family.

My active involvement in Abigail's school soon allowed me to become a part of the organization. I graciously accepted a leadership role in expanding an area of Keiki O Ka 'Aina, a traveling preschool. My staff and I travel to various locations around the island to provide a smaller version of our preschool. We share our experiences with others, so that they can recognize the importance of their roles not only as parents and caregivers, but also as teachers for their children.

Abigail and I were also fortunate to be part of the HIPPY program and home instructional program which allowed me to continue my role as an educator for not only Abigail, but my seven year old as well. This allowed me to educate my daughter at home in a more private and relaxed setting. We were provided with materials and books that were used as teaching schools. The girls would look forward to the special time that I would set aside just for them, one of the requirements of HIPPY. It became a family quality time for us.

The success rate of HIPPY programs extends nationwide. HIPPY has already been successful since its introduction to Hawaii. I am grateful for the life skills I have developed with Keiki O Ka 'Aina. Together, Abigail and I have learned so much about ourselves, about others, our community and our world. I strongly believe that the mission of Keiki O Ka 'Aina and the HIPPY program are invaluable and that many more families should be given the opportunity to benefit from this wonderful experience.

Thank you.

[Prepared statement of Ms. Matsuoka appears in appendix.]

The CHAIRMAN. Thank you very much, Ms. Matsuoka.

Now may I recognize Ms. Jenkins.

STATEMENT OF LEIALOHA JENKINS

Ms. JENKINS. Aloha, Hon. Daniel K. Inouye and Hon. Daniel Akaka.

My name is Leialoha Genieal Kehaulani Ernestburg Jenkins. I was born in Honolulu and reared in Laie from age 4. I am a Native Hawaiian and Samoan descendent. I am a product of the public school systems, namely Laie Elementary School and Kahuku High School. I am a mother of five children, one who is special needs, visually impaired. I am also the caregiver for my 16 year old nephew.

I am here to talk about preschool, special needs and welfare challenges that I have encountered. In 1995, I gave birth to my baby prematurely at 26 weeks of her development. The normal development of an infant is 40 weeks. This baby weighed 2 pounds 8 ounces and was 15 and three-quarter inches long. She had retinopathy of prematurity and bronchial pulmonary dysplasia. I would be able to take her home 2 months after she was born, and at this time she weighed 4 pounds 5 ounces.

We went home for 1 week and then returned to Kapiolani Hospital because her retinas were detaching. Emergency surgery was planned within 24 hours. The surgery was a success; however, no one spoke my language to tell me that the result of saving her retina was a loss of her peripheral and main vision. What little she had left would be considered as permanent damage.

She is legally blind in her left eye and partially blind in her right eye. Bringing her home was another situation. I could not have anyone in the house who was sick, and I had to shelter her from everyone. Every morning we would wake up and put human fortifier in her milk and warm it up, which is bacon and eggs, and warm it up and give it to her. I would also have to give her caffeine to make her active so that she would get hungry and thereby begin to eat so that she could grow.

If she had a cold, I would suction her by putting a tube down her nose and getting it down into her lungs in order to suction the mucous out of her lungs so that she could breathe. If she was wheezing, I would have to administer aerosol treatments to her lungs so that they would be clear for breathing. The treatment would continue every 3 to 4 hours.

I was a single mom living on the welfare system with this special needs child and trying to go to school at the same time. Federal policy level planning doesn't understand the needs of families on the community level, especially when it comes to families living in the rural community. Everything starts with the 24 month countdown in the welfare system. As soon as you get close to this 24th month of receiving financial assistance, you are mandated to begin work-related activities. In my case, when I was at the 18 month mark, I was being mandated to begin the First To Work Program. At that time I was attending college full time and carrying 16 credit hours.

On top of attending classes and studying, I was forced to attend work training workshops to comply with Federal regulations. When these training workshops conflicted with my class schedules, I was not allowed any flexibility to exempt out of the work training classes. I could not replace my hours of school as work study time. I feel that in order to make the system work better, we need to consider education as important as work training for preparing people to go back to work.

Education is the foundation to someone's future and is as important or more important as work experience. Education is food for life. If I can be educated, I have a better chance to maintain my family at a higher standard of living than if I had to take a lower paying position today without an education. Educational time should be able to be used as part of the first 24 hour work training time in order to qualify for welfare benefits. I am in complete agreement that the welfare benefits be tied to passing courses at a minimum GPA of 2.0 or higher.

Problems with transportation and lack of accessible services in the community. When I brought my baby home from the hospital, I had to beg for services to come to my home. I had to justify why the mobile team needed to provide services to my child versus taking my child in to a therapy team in a central location in Honolulu, which is about 30 plus miles away from my home. I was not able to transport my child because she would stop breathing and I would not be aware of the situation until I turned around and looked at her. This situation was not safe for baby and me.

The State Department Systems don't work together. The Department of Human Service, DHS, income maintenance worker did not get any help for my special needs child when she was born. She did not offer me any services or know of any options for me. Her only concern was to add this new child to the system. She did not refer me to the Department of Health services or the Department of Education when my child needed services. The hospital social worker did more for me than the three batches of government did at the hospital level.

My child's transfer information about her, individual support plan, that's the ISP, from Department of Health was not accepted or acknowledged by Department of Education. The two agencies did not work together, even if they were both State agencies. Each blamed the other or referred to the other as the one who was responsible for special needs services for my child. In the long run, the client, which was my child, is the one who suffers.

Another challenge that I faced was emotional isolation as a single parent of a special needs child. I needed a support system from others that understood the problems and challenges I was going through. With the help of a social worker, I was put in touch with another family who had a special needs child. With that parent, I was able to start a support group for parents of children with special needs in my community.

I could have used a better system of care for me and my child that would have helped me negotiate the system better. I needed a seamless system, a system where departments, agencies, hospitals, were willing to work together instead of against each other. Much of what I was able to access was due to my own persistence with the system and trial and error. I went through the phone book to look up all the agencies that dealt with children with special needs. For example, an income maintenance worker told me, why did you apply for Social Security when you could have gotten financial assistance through Aid to Families with Dependent Children?

We need a better working system for parents with young children, especially if the child has a special need and lives in a rural setting. The glue money, or the money to help get the system working better together, would greatly have helped my situation then and even today. This glue money that I'm referring to is the safety net we need to help Native Hawaiian children have the opportunity to succeed in life.

I feel that the welfare system does not have a safety net system that is in place and working. We are the pioneers who are trying out the system and amendments are being made at my child's and my expense and life. Please correct the welfare system by implementing education as an option to work. Please stop making the system more difficult to live in. Please do away with restrictions of how the first 24 hours of your work plan can be used. Leave some flexibility to the parent.

I feel that Parents and Children Together, which is the PACT program, Families and Children Education, which is FACE, and literacy programs and also Pulana Leo, Keiki O Ka 'Aina and Keiki Steps and all the programs that were mentioned here today are the programs that teach the parents the skills to parenting and helps them develop a better functioning home for children to live in. If we enforce programs like these and give parents options to take this route with education versus work force, we give the parents the tools they need to succeed in a loving and nurturing environment. Teach they how to fish. Don't give them the fish.

In closing I'd just like to say that in June of 2001, I graduated from University of Hawaii with my bachelor's degree in social work. I'm in the process, on the waiting list to attend UH Manoa School of Social Work Masters Program. Mahalo.

[Prepared statement of Ms. Jenkins appears in appendix.]

The CHAIRMAN. Congratulations.

Ms. JENKINS. Thank you.

The CHAIRMAN. Ms. Akau.

STATEMENT OF NANEA AKAU, STUDENT, CHILD AND FAMILY SERVICE ALTERNATIVE SCHOOL

Ms. AKAU. Good afternoon, Chairman Inouye and Senator Akaka.

My name is Nanea Akau and I am 17 years old. I am a student at Child and Family Service Alternative School, Hale O Ulu. I am here to talk about the importance of preschool.

I grew up in Kalihi and am living in Ewa. I will be graduating shortly, June 2002. As I was growing up, I never had the privilege of going to preschool. When I entered kindergarten I always felt uncomfortable and behind academically. I would never ask questions or raise my hand in class because I was very shy and felt insecure. This has been the case throughout my schooling.

I now attend Hale O Ulu School so I can catch up with my credits and graduate on time. I am now much older and wiser than I used to be. I have more courage now than from what I had before. I found the courage through my friends that I met a Hale O Ulu and through my job at Jamba Juice. My friends encouraged me to do my best and helped me realize what is more important in life, and Jamba Juice forced me to open up a little more to people without being shy to answer questions.

I feel that if I had had the chance to attend preschool I might have learned to be more confident with the skills I needed to help me keep up with my classmates and be a little more open. I believe preschool will help many children prepare for kindergarten. We all know that when you don't like something the first time your whole outlook on the experience becomes negative. This is exactly what happened to me.

As I got older I learned that I didn't have to go to school and I could just cut out. I started cutting out in seventh grade and as a result of that I failed and now I'm struggling to graduate because I want to graduate on time with my class and make my parents proud. They were really frustrated with my brother and me because we were both failing in school. My brother never graduated and they were really disappointed. I saw what both my parents and my brother went through and I don't want to be a problem to my parents and put them through that again.

Preschool can only help children if it's available. So please help support the funding for preschools in Hawaii so that it may prevent other children in the future from having difficulties like I had. Please help create opportunities for the children of Hawaii.

Mahalo for allowing me to share my mana'o.

[Prepared statement of Ms. Akau appears in appendix.]

The CHAIRMAN. Thank you very much, Ms. Akau.

Now may I call on Ms. Ann Kawahara.

Ms. KAWAHARA. Senators Inouye and Akaka, my name is Ann Kawahara. I'm the principal at Hale O Ule School. I came to just lend a little support for my student. Thank you.

The CHAIRMAN. Congratulations.

Ms. Matsuoka, if I may ask now, is there a long waiting list to get in to your school?

Ms. MATSUOKA. No; we're open. It's a parent and child participation program, it's a free program.

The CHAIRMAN. You are able to accommodate all those who want to get in?

Ms. MATSUOKA. Right now, we're really getting—well, I do, we have one stationary site that is there 4 days a week in Kalihi. I go out and go to other different sites. We have about right now it seems like about 400.

The CHAIRMAN. From your testimony, it appears that you have benefitted just as much if not more than your daughter.

Ms. MATSUOKA. Oh, yes, I have, with just the education that I've gotten about parenting.

The CHAIRMAN. Ms. Jenkins, I do not know how you do it, but you are my kind of gal. Six children and going off to get an education, I congratulate you.

Ms. JENKINS. Thank you.

[Applause.]

The CHAIRMAN. I tell you what I am going to do. I am going to share your testimony with the State government. Because we are from the Federal Government, and we are not in a position to respond to that. But what you just told us, is a terrible story that should not be repeated, and I will make certain I get a response. When I do, you will get a copy of it.

Ms. JENKINS. Mahalo. Could you pass that on to Patsy Mink, because she's writing a law for reform in regard to implementation?

The CHAIRMAN. We will try to make it flexible so that education can be a credit for work training.

Ms. JENKINS. Thank you.

The CHAIRMAN. Ms. Akua, you are a very courageous witness, to be willing to share your life experience with us, telling us how your life was as a child. I am glad that your testimony will help us further understand the need for preschool education. Your testimony has been very helpful.

How is your brother doing?

Ms. AKUA. He is doing better.

The CHAIRMAN. He did not graduate, did he?

Ms. AKUA. No.

The CHAIRMAN. And you are going to graduate?

Ms. AKUA. Yes.

The CHAIRMAN. Good for you. What are you going to do after that?

Ms. AKUA. College.

The CHAIRMAN. You are going to college. Some day you will become a doctor. We can tell.

Ms. AKUA. Thank you.

The CHAIRMAN. Ms. Kawahara, congratulations. How many students do you have?

Ms. KAWAHARA. Presently we have 79 students enrolled. These students come to us from the Leeward District schools, and we enroll them for up to about 2 years with us, and we work with them on credits and of course some social development.

The CHAIRMAN. What is the cost to the child?

Ms. KAWAHARA. There is no cost to the child. We have agreements with the Department of Education and Child and Family Service. We go looking for grants, and foundation assistance that we can get also.

The CHAIRMAN. Thank you very much.

Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman.

Ms. Matsuoka, I'm pleased to hear the positive impact of your participation in Keiki O Ka 'Aina. I am glad to hear that parents can get educated. You're working with the children and I want do commend you for what you've been doing.

This hearing and all the information that we're gathering is going to help us in the development and implementation of a comprehensive Native Hawaiian early childhood educational policy. If there's one thing that you can say what could be placed into this kind of policy, can you mention something like that, from your experience?

Ms. MATSUOKA. Basically, we're out serving the community. We have people that come from just different dynamics that goes on in their life. We are a safe place. Everyone, Native Hawaiians and the rest of the community, we are economically challenged. So having a program like this to come to, to bring your child, you educate the parent, and in return, the parent can be the best teacher for the child. Just basically, we are out there serving the community. We're helping to prevent child abuse, it's a safe haven for parents to come with their child to participate and play with their children.

Senator AKAKA. Thank you.

Ms. Jenkins, I was sad to hear about the lack of information sharing between State agencies as you tried to obtain services for your child. It's sad to hear that there are disconnects in trying to do that. And for me, and for all of us, we're looking at this Native Hawaiian early childhood education, development and care policy as something that can help to prevent this kind of thing from happening.

But I just want to take the time to commend you for what you have done under the circumstances. And I think from what you've testified, your experience has made you a more positive person. And it will certainly help you and your children.

Ms. Akau, I was impressed with your honesty, the honesty of your testimony, and want to commend you for a job well done. It's great to hear from a person like you who has now a positive outlook on life. I just want to say Godspeed to you and best wishes in all you do. It looks as though you're going to do well.

And Ms. Kawahara, again, thank you for what you are doing. Again, I just want to mention that all of this, these testimonies, will help us to formulate the policy that we're looking for. Thank you very much.

Ms. AKAU. Thank you.

The CHAIRMAN. This testimony indicates that all is not lost. There's a great future ahead of us. Thank you very much.

On our next panel is the executive director of the Keiki O Ka 'Aina preschool, Momi Durand; the medical director to Waimanalo Health Center, Dr. Charman Akina; and the president and chief executive officer, Enterprise Honolulu, Mike Fitzgerald.

Ms. Durand, welcome. The witnesses have said very nice things about Keiki O Ka 'Aina.

STATEMENT OF MOMI DURAND, EXECUTIVE DIRECTOR, KEIKI O KA 'AINA PRESCHOOL

Ms. DURAND. Praise God and thank you. Mr. Chairman and Senator Akaka, all my friends here, thank you so much for the invitation to come and talk to you folks and just share some ideas.

I know that we're supposed to try to address some issues that we're finding in the early childhood arena. So just some of the things that I'd like to share that I think would be important with the policy making would be that, I would like to find a way to get information out to the parents before things happen. To have programs out there in the community that are available for parents when things are already going wrong, it's a little bit too late.

So programs like Pulama I Na Keiki that can catch it before it ever happens, that start to teach parenting classes and that kind of thing before, and address issues before the parents have the children, before these problems come out, so they can start addressing issues ahead of time. Because once you're in the middle of the turmoil of dealing with the problem, it makes it worse and it's really a little bit too late.

So I think that programs that are proactive rather than reactive are really, really helpful. Programs like Ho'owaiwai Nakamali'i have just been invaluable, programs that can help get all our resources together, that have gone out into the community to identify every single Hawaiian early childhood education program, as well as just the State, even non-Hawaiian programs. But anything that's available out there, they have brought us together in a community group, and they've been able to bring us together so that we can network and do collaborations.

I would hate to see funding for that program be cut because it's just a wonderful program that allows us to do our job and not have to worry about going out there and becoming resource specialists ourselves. They bring our programs together because none of us can do it all ourselves. We can work together and give all the relevant services that a particular family might need, from all the way up from early childhood, from 0 to 3 years, through the preschool years and then as they transition into kindergarten, they put together that entire process. So I would hate to see that kind of a program leave.

If you look back there, you have a picture of an o'opua put up there. If you think about early childhood moving from the zero to three years, the pre-birth into the early childhood years, then in through preschool, as you move further down into the o'opua and then transitioning out into kindergarten, as we go out into the ocean and out into the world, what Ho'owaiwai Nakamali'i has been for us is that water system that travels through and brings all the different services together and puts it all together. They've become the glue for all of us to come together and to really—they've put me together with most of the places that we're serving now. They've been a really big reason why we're so successful.

And all of the play groups, any play group that's operating right now in a State, they're all doing a wonderful job. They all bring parenting education to the parents. We always feel like the play group is just the most wonderful thing, to have socialization for the child. But then once those 2 hours are gone, oh, it was so wonderful, we got to come, we got to play with other parents, our children got to play with other children. And then they go home, and their real life, the real world starts.

If we didn't equip them with tools via maybe stress and anger management classes, child development classes, what to expect so you don't have unrealistic expectations for your children, child guidance to discipline, to all kinds of classes as to what is available in the health and welfare section of your community. If we're not able to equip parents that way, then those 2 little hours that they have were, I don't want to say wasted, but not as, we weren't as fruitful with that time that we were blessed to have them in our place as we could have been, if we could just have given the parents a little bit more education, tools, however you want to think about it.

So that's a really important component of the play groups. Not only does it give children a chance to learn socialization, but it also gives us a chance to make an impact on the parents, so they can take it home and use these things 24 hours a day in the real world for the rest of those 6 days they're not in our play group.

The Academy of Science has just come out with a brand new study in a book called Neurons to Neighborhoods. This is supposed to be the right now, the cutting edge of everything that is happening right now. It's the new information. Some of the stuff that they address is that the mental state of the parents is going to have one of the biggest impacts on what happens to our children in early childhood. So I'd like to see more programs that actually address that for the parents, that there will be more programs that will help with counseling for parents, because if the mental health of our parents is that important to our children during early childhood, I'd like to see more programs address that as well.

The fact that our programs are brought, I think the reason that, this is just something I drew over here based on something somebody said over here, we keep talking about our children at risk. Unfortunately, the sad state is that most of them are. We as parents look at them as at risk. I have a 9-, a 7-, and a 3-year old. When I started this program 6 years ago I was a mother on welfare. We went for 4 years, thank goodness, to funding from the Federal Government that you folks have supported. I thank you for that, because we've been able to expand it. But it was always based on the fact that we had to come forward and show you how our children are at risk and why they are living under the rainbow in the rain.

I'd like to start thinking of all Hawaiian children as at promise, living above the rainbow. I think the idea that we have to look at all these programs as addressing children at risk, even that in our thinking of the way we're looking at them, and the thinking that the way the parents can qualify for these programs, it starts with us already looking down. I'd like for us to start looking up at our children.

And these programs, these wonderful programs that people from the outside are looking at our Hawaiian programs, and they're saying, gosh, some of these programs are just cutting edge, just wonderful, full of information, they wish they could qualify to be part of them. And I wish that we could look at ourselves and our children up there already and start thinking of them at promise rather than at risk.

So I wish that we could come to the table and not have to prove to them why we need this money. Unfortunately, the sad truth is that we do need it in that way. But we could identify the children that we serve and start looking at them and talking like this is an at promise program, not a program to serve our at risk community.

And just the fact that all these wonderful programs are being done in a culturally relevant way, they can hear us when it's delivered that way. Because a lot of the things we present educationally, while it might come from our background that we've learned just in schools, if it's presented in a culturally relevant way, which is really important in all of these programs, I think that also needs to be addressed and that needs to be supported.

Thank you so much.

[Prepared statement of Ms. Durand appears in appendix.]

The CHAIRMAN. You touched upon a very important aspect of the program, to be able to communicate to parents the availability of the services before the catastrophe strikes. How are you presently communicating your ability?

Ms. DURAND. At every one of our sites, one of the things that's required as part of our program, what we do is we give them an SAT-based kindergarten readiness program that they buy into, because they want their children to get smart. That's the buy-into. Sure, your kids are going to get smarter, it's a nationally known program, we know your children will get smarter. But if you want your children to come and get this program, you are required to do the parenting class portion of it.

So that's how we address it. We make sure they come in, and before we even start teaching the parenting skills, the first few weeks are nothing but stress and anger management, we just look at the parents and we just concentrate on things that can help the parents. Because if we're not looking at what's going on with the parents and how they're living their everyday life, then it doesn't matter if you're going to teach them about child development or discipline or guidance. They're not going to be able to take care of themselves.

So that's how we do it. We try to, we incorporate and they have to buy into it. Because if they want their child to get smarter, they have to take the parenting classes.

The CHAIRMAN. How many children are involved?

Ms. DURAND. Right now we have about 400 statewide. It's completely [inaudible], the grant is, and I thank you so much. This program has taken a completely, totally, except for QLCC, and Oha, we had a guy through Oha, funded program, took an absolutely nothing program and it has changed the lives of not only the parents. People think that because this is a program that makes your kid smarter that it's the most important thing.

All of our stuff that comes back to us, the number one thing they address is the relationship that is changed between the child and the parent, because all of a sudden, this parent is sitting down for 15 minutes a day, because the child is saying, Mommy, I've got to do my homework, got to do my homework. And these relationships are changing. Changing families, changing that horrible spiral of how the parent looks at the child, how the child reacts to the parent, suddenly it's made them closer. That's one of the things that have just—and we've seen that across the board.

The CHAIRMAN. So you have developed passionate mothers.

Ms. DURAND. Yes; and this program is built on and only hires mothers. So even the people that we hire, we hire mothers from in the community, in the program. We go out, we recruit our people. We take these mothers out, we give them parent training. A lot of them, this is their first job ever. So we build them up that way. That's the other half of it.

The CHAIRMAN. Thank you.

Dr. AKINA.

STATEMENT OF CHARMAN J. AKINA, M.D., MEDICAL DIRECTOR, WAIMANALO HEALTH CENTER

Dr. AKINA. Senator Inouye, Senator Akaka, I practice internal medicine at the Waimanalo Health Center, and I'm also the medical director there. Thank you for inviting me to participate in today's hearing.

As we are aware, early development, education and care of Native Hawaiian children is poor and deficient when compared to other populations of similar socioeconomic levels within our State. As we are hearing, the Native Hawaiian child being targeted is at greater risk of behavior and physical health and of social development mainly because of family dysfunction, increased severity of perinatal risk factors, and poor parenting skills.

To reduce this problem is not impossible. Non-profit community health centers already are established in areas heavily populated by Native Hawaiians and offer those services required to alleviate these problems. Outreach programs are the missing component to bring together families with children in need and available appropriate health center services.

Native Hawaiians do not take advantage of available health resources and social services even when readily accessible. Outreach programs promoting personal health and hygiene, family planning and parenting skills for respective communities need to reach families with children up to 12 years of age and women of childbearing age.

Outreach programs whereby workers go out into their respective communities and schools to further health education and to promote awareness and participation with existing community health center services are not income generating, and therefore are rudimentary because of lack of funding. As a consequence, existing facilities that can and will improve Native Hawaiian childhood development, education and care are not being taken advantage of by respective Native Hawaiian populations being served.

To resolve or diminish the severity of family dysfunction is a very slow and difficult task characterized by poor outcomes. This task becomes even more impractical and unrealistic when there is the immediate need to improve the home environment for children who already exist and are in need of a stable, organized family structure in which there is a warm, nurturing and loving environment.

To improve prenatal and maternal health requires intensive outreach and patient education pertaining to family planning and perinatal care, particularly in schools at the junior high and high school levels. This outreach program must coordinate with an easily accessible "teen" women's clinic and perhaps an adolescent medicine clinic. In this way the incidence of teenage pregnancies can be minimized and early prenatal care emphasized and established.

Improved Native Hawaiian early childhood development, education and care beyond the perinatal period is best achieved in preschools, kindergartens and elementary schools. Because of the prevalence of family dysfunction, children during their formative years are in need of emotional nurturing and support, cultural identification, and positive adult role models. This can be achieved as demonstrated by the Tu Tangata Program founded in New Zealand by the Maori due to having similar problems, particularly with their youth, and being introduced to Hawaii by the Queen Emma Foundation and the Queen's Health Systems.

Based on this program is the Ku I Ka Mana Mentoring Program developed by our health center in Waimanalo and implemented at the seventh grade level at the Waimanalo Elementary and Intermediate School. This grade level was targeted because social problems were beginning with students at this level.

The results of the program include significantly improved school attendance and student performance beginning at the seventh grade and continuing through the ninth grade. Along with this improvement has been a decrease in social behavioral problems.

Similar school based programs have been non-established in other schools mainly because of lack of funding. We have been able to have this program survive on a year to year basis mainly because we seek out grant monies for the program. It would be more ideal for the Ku I Ka Mana Program to begin at the first grade and to continue with the same mentor in each class through the seventh grade level. By the seventh grade, children are fixed in their ways and the die is already cast.

Lastly, there is also great need for Native Hawaiian children to learn and comprehend the English language fluently. By this means they will be able to complete their education successfully and be able to survive in the modern world and current economy while preserving their cultural heritage. If during the formative years English is taught as a second language, as is done for immigrants to Hawaii, Native Hawaiian children will be able to learn the English language fluently and as easily as they have been able to learn the Hawaiian language when attending Hawaiian immersion schools.

These are the kinds of pilikia and mana'o we have in Waimanalo. Again, I thank you for allowing me to express these opinions.

[Prepared statement of Dr. Akina appears in appendix.]

The CHAIRMAN. According to your testimony, your Ku I Ka Mana mentoring program is apparently working.

Dr. AKINA. Yes.

The CHAIRMAN. Because of the lack of funds, it cannot be sustained in other schools.

Dr. AKINA. Correct.

The CHAIRMAN. How much would it take to carry out your program as you suggest it from the first grade on in all the schools?

Dr. AKINA. I would not have a good idea. Let me tell you what we have done. We have hired and groomed young adults who would be really unemployed to learn about the Hawaiian culture and to act as aunties and uncles in each one of the classes. They're there, not as teachers aides, but for the children. They look after the children, their needs, help them with their homework, exchange with them during their noon hours and after school, play games and just talk.

Therefore, the children gain the emotional nurturing, the individual attention, the encouragement that they need which they're not getting at home. And it works.

Now, the program for us, it presses our budget. But we're hiring people who would primarily be unemployed. So we don't have to pay them as much. I don't know how this would work in other areas where people would have to be hired on a regular basis. What's necessary is to have an adult in each classroom, not for the whole grade. So there's a link to one relationship, as in a family setting, for each one of the children, regardless of their background.

The CHAIRMAN. How many seventh graders are now participating in your program?

Dr. AKINA. There should be maybe 120.

The CHAIRMAN. And how are you being funded?

Dr. AKINA. Right now we're being funded through funds coming through the ADA. Prior to that we got grants from the Queen Emma Foundation and some other local foundations.

The CHAIRMAN. We will see if we can find some more funding.

Dr. AKINA. Thank you.

The CHAIRMAN. Thank you very much.

Mr. Fitzgerald.

STATEMENT OF MIKE FITZGERALD, PRESIDENT AND CEO, ENTERPRISE HONOLULU

Mr. FITZGERALD. Senator, thank you very much for allowing me time to testify before your committee today. I'm delighted to be here.

I represent Enterprise Honolulu, which was the former Oahu Economic Development Board. I recently moved to these islands from Florida, from the mainland. So I'm still on a pretty steep learning curve to learn about the culture, history, and even the economy. My assignment is to try to figure out how to diversify.

My purpose for being here today is to assure you and the other members of the Hawaiian delegation that the organization that I represent, Enterprise Honolulu, is a new partnership that brings together business, government, university, labor unions, in a nonpartisan way for the economic diversification of Oahu, and to assist our neighbor islands to help locate globally competitive businesses here that will provide good-paying jobs for the citizens of this island and our neighbor islands.

We acknowledge and recognize that the welfare and education of children in these islands are the validation of the future of Hawaii. If we educate and nurture these children well, they will create a positive future here. We also know that economic development, business and jobs, are not the end purpose in life at all, but merely one of the means to achieve a good quality of life.

We also know that if people don't have good-paying jobs, if they have to work at more than one job or several members of the family have to work to provide adequate income for basic necessities, then the children of the family suffer, because of the parents' absence and stress of inadequate resources.

One of the basic foundations of early childhood and K–12 education is consistent and focused parental involvement, as we've heard here today, validated so eloquently by the previous presenters. That's really the support foundation of children, is the primary learning teacher. This, combined with culturally sensitive teachers, quality schools and real community support is what creates well educated, socially adept, successful students.

If parents are forced to work several jobs to provide basic necessities they are less able to provide a calm, nurturing and stress-free home environment. I'm sure you are aware and I'm sure most of the people here today are aware that when people can't find or don't have the qualifications to get good paying jobs, the incidence of alcohol, drug, spouse and child abuse is more likely to increase.

So we want to assure you and the other members of the delegation and the people here today that Enterprise Honolulu is not in existence to help a few rich people get richer. We're dedicated to helping improve the economy by economic diversification and good paying jobs for the benefit of the citizens who live here. Most of the members of our organization are intimately aware of the history of these islands, and are therefore determined that the quality of development we support and encourage is sensitive to the history, society and culture here.

In conclusion, I want to assure you that we are committed to building a partnership here of government, business, education, university, unions and citizen leaders who will create self-determined, self-directed economic diversification that doesn't harm the environment and the culture and does help provide the foundation for a civil, safe, equitable and generally prosperous society.

We believe the process of sustainable development that has been pioneered in many places throughout the world, and I have to say that this poster is a perfect example of the ancient version of the first steps of sustainable development, that if we could, in the 21st century, figure out how to simply add technology to create the modern day version of this, we would create a model for the rest of the world. Because it's with considerable land, ocean, technology assets and dedicated people of these islands offers the possibility for Hawaii to become a world model of a sustainable economy, culture and society that can demonstrate how to create a new balance and harmony which preserves the environment, the culture and general economic prosperity for the citizens of these islands.

This is our goal. How we intend to do this is outlined in some of the documents that I have submitted to you. Thank you for allowing me to share this perspective with you.

[Prepared statement of Mr. Fitzgerald appears in appendix.]

The CHAIRMAN. Thank you very much, Mr. Fitzgerald.

How long has this organization been operating?

Mr. FITZGERALD. The Oahu Economic Development Board has been in business for over a decade. It has only operated for the last 2 or 3 months as Enterprise Honolulu with a restructured board, a new staff and new direction.

The CHAIRMAN. And the membership is a broad one, as you have indicated?

Mr. FITZGERALD. The membership is a broad one. In the testimony we've submitted is a list of the members. It includes business members, most of them are business members, but there's also education representatives and union representatives. So we're starting to build a unique team to bring together key leadership from all the important areas that are going to have to create a new, diversified economy.

The CHAIRMAN. Do you have a collaborative relationship with, say, organizations like Punana Leo or Alu Like?

Mr. FITZGERALD. I have not yet met representatives of these organizations, but I certainly am looking forward to it. I know from past experience and from coming here as a tourist for 30 years to these islands and being a student of, and a great respecter of the history and culture, that a community-wide effort and initiative will be required to do this in the best way possible. I intend to help as much as we can.

The CHAIRMAN. I can assure you that the level of activity in the Hawaiian community today is ten times more intense than it was 20 years ago. I would suggest that you get in touch with these organizations, and you will be not only surprised but amazed at the wide array of talent we have in our society. They will need your help and I think you could use their help. So we thank you very much, sir.

Mr. FITZGERALD. Thank you.

The CHAIRMAN. Thank you, Dr. Akina and Ms. Durand.

And now our final witness, the Special Assistant and Policy Advisor on Children and Families, Office of the Governor, Lynn Fallin.

STATEMENT OF LYNN FALLIN, SPECIAL ASSISTANT AND POLICY ADVISOR ON CHILDREN AND FAMILIES, OFFICE OF THE GOVERNOR

Ms. FALLIN. Good afternoon, Mr. Chairman. Thank you for the opportunity to testify.

My name is Lynn Fallin, and as you indicated, I serve as Special Assistant and Policy Advisor on Children and Families, in the Office of the Governor. In the interest of time, I did submit lengthy testimony, what I will be doing is summarizing highlights of my testimony.

The purpose of my testimony is to present the two-fold recommendations that were developed under the leadership of Myron "Pinky" Thompson and a group of Native Hawaiian organizations and early childhood organizations. The recommendation is two-fold.

The second part of my testimony will provide a brief explanation about how the recommendations are aligned with the State goal, "All of Hawaii's Children will be Safe, Healthy and Ready to Succeed." The first part of the recommendation is directed toward continued and increased funding for early childhood development, education and care.

A recent study conducted of kindergarten teachers in the State of Hawaii indicated that many children in Hawaii's public school system are showing up not ready for kindergarten. The recent passage and implementation of the Federal "No Child Left Behind" Act highlights even more the importance of preparation in early childhood and support for the programs, so that children will be ready to succeed in kindergarten and school.

The testifiers that preceded me gave you excellent examples of the programs and services available in the State of Hawaii. In addition, and this is by no means a complete list, funding such as the Child Care Development Block Grant, Head Start and Maternal and Child Health Care are very important parts of the safety net of services that our families access in the communities.

These programs, and there are many of them, can be somewhat bewildering to parents and providers as they try to figure out what services might be available and how they might access the services. There are many programs within and out of Government. The second part of the recommendation proposes a model that aligns with the State goal and also hopefully will result in programs that are better aligned and more comprehensive for those children and parents in the community. In order to accomplish this, we acknowledge up front that there's no one program that can solve the programs and meet the needs. It is very important that public and private partnerships be formed that mobilize communities and can galvanize around and focus on truly improving outcomes for young children.

With this model we believe the outcomes of Native Hawaiian children will improve, because the model is based on the principle of shared responsibility and common outcomes. Therefore, it focuses on working together and building partnerships across sectors. The model recognizes the strength of the Hawaiian culture and language and therefore seeks to build on this very important primary asset.

The partnerships decide on what they might choose to focus on, not based on information that is informally gathered, but the model proposes that we organize data in a meaningful way so that communities can actually engage in decisionmaking and check their progress over time to determine whether or not appropriate developmental milestones are being met, or whether the system of care is strong enough or needs additional features.

We call this model that we seek to build upon, as it reaches further development, at this time Ho'owaiwai Nakamali'i, the Native Hawaii Early Childhood Consortium model, and it is our full intention to continue the work underway to develop the system of care. And the focus is children pre-natal to age 5 years.

I have attached to my testimony a color diagram that complements the picture of ohukawana. What this does is it focuses on the keiki and the ohana, the customer, if you will. It connects all the parts of the system at the community level that must work together in order to truly improve outcomes.

This model then has different components that the second page of the attachment highlights. The first part focuses on building capacity at the community level, organizational level and systems level. When I say that I mean that we need leaders in the community, facilitator that can help organize communities and help draw from them their ideas, and the outcomes we seek to change. We need groups then that can work with community advisory councils.

We also need to be able to provide training so that we ensure that cultural sensitivity is an inherent part of the way the organization implements its programs. We need to build system capacity by convening an interagency group. At this time, through the efforts of Pinky Thompson, we've been working with QLCC, OHA, Kamehameha Schools, State agencies, and the Good Beginnings Alliance to help provide some core support to this effort. The program is being administered with Federal funding through Alu Like.

The other part of the capacity building is being able to get good data, meaningful data that answers three questions. First of all, it tells us and helps us decide what outcomes communities might want to focus on. Second, it tells us what works. Third, if in fact what we're doing works. This entity would also help coordinate the various funder relationships so that we can in fact maximize all the resources of all the partners.

At this time I would like to conclude my testimony on behalf of the partners and share a saying, "I ka ulu 'ana o ke kalo e ola no ke kaiaulu." The translation is, in the growing of the taro, the community thrives. In this Hawaiian saving, the taro is the child, similar to the mythological origin of the Hawaiian people. In any typical Hawaiian village of old, the child and taro are raised and nurtured by the entire village. Because taro is a necessary staple, it in turn nurtures the community.

Thank you on behalf of the group that was developed under the leadership of Myron "Pinky" Thompson for the opportunity to testify.

[Prepared statement of Ms. Fallin appears in appendix.]

The CHAIRMAN. On behalf of the committee, I thank you very much, Ms. Fallin.

It is obvious that the State of Hawaii has suffered an economic downturn, and as a result the funding levels have been restricted and limited. Although I realize that funding alone will not answer the problems before us, it does help. So what sort of funding assistance would you need from the Federal Government?

Ms. FALLIN. The group that was organized by Pinky Thompson is in the process of formulating some specific details about what the blueprint looks like and what the funding would look like, more specifically.

The CHAIRMAN. When would this be available?

Ms. FALLIN. We hope to have this available between September 2002 and the end of the year, of this year.

The CHAIRMAN. And you realize that it will be too late for the next fiscal year? Because by then, we will have decided upon the level of funding in our appropriations bill.

Ms. FALLIN. I believe that because the partners have a very strong working relationship that we can accelerate that process significantly. [Laughter.]

The CHAIRMAN. I would suggest you accelerate it to about June. Because the fiscal year of the United States begins on October 1. By the time September 15 comes along, as a member of the Appropriations Committee, I can tell you that most decisions have been made.

Ms. FALLIN. Thank you very much for sharing that very practical information with us. We will take it to heart.

The CHAIRMAN. Otherwise, you will have just a printed paper for a while.

With that, I would like to say that this hearing, which was dedicated to the memory of our dear friend, Pinky Thompson, will be adjourned. I thank all of you very much for your attendance.

[Applause.]

The CHAIRMAN. And to close this hearing in traditional Hawaiian fashion, may I call upon Ho'oipo DeCambra for the closing pule.

Ms. DECAMBRA. I'm honored.

I don't know how traditional it is, because I'm still in the learner class. Has the little girl gone, so I'm not embarrassed by my language? [Laughter.]

I'm going to humbly give this only in Hawaiian. It was written because of the request of the Molokai children who were in the Hawaiian immersion class. It was written because they wanted to greet the Polynesian voyagers who were coming home. This morning, as I asked, what should I say in the closing, and I said, okay, Myron "Pinky" Thompson, what should I say?

And this is what was guided to me. It is an ole that was requested by the little children of Molokai and it is about the voyaging canoes. More, it is about the era of the kupuna who have come into the light through the children.

[Pule in native tongue.]

> Living current, the kona wind buffets the farthest reaches of the ocean and here, in the alive [Native word] the great current, the small current, the current that strikes the steering paddles of the historic fleet, all of the beauty of the Pacific has been witnessed during the regal gliding ride of that company of canoes over the grand sea, the broad, the boundless sea, an ocean traversed directly by the seafaring companions, over the great currents of Kanalua they have been watched over. There in far distant lands, here in the embrace of friends.

On the forefront of the wind they have sailed to us. The stars of the dark heavens have given direction. The clouds in the sky have offered them protection. It is there that life is granted. Expansive live, expensive life, profound life, exalted life, bondless life for the islands of the ancestors to exist in a world of knowing.

Thank you.

The CHAIRMAN. I thank you.

[Whereupon, at 3 p.m., the committee was adjourned, to reconvene at the call of the Chair.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF HON. DANIEL K. AKAKA, U.S. SENATOR FROM HAWAII

Aloha. I am pleased to participate in this afternoon's hearing on Native Hawaiian Early Childhood Education, Development, and Care. I join you in paying tribute to our dear friend Pinky Thompson who devoted much of his life to working to build a better future for Native Hawaiians. It is with great pleasure that I join your efforts to make Pinky's vision for Native Hawaiian children a reality.

As a former educator, I believe that there is no greater tool for success than the quality education which we can provide to our children. Education in Hawaii takes on greater significance as we consider the continuing need to preserve our culture, our language, and our heritage, in a rapidly changing and technology-based environment. Innovative programs that encourage family and community participation, preserve culture, and increase Native Hawaiian access to quality educational opportunities play a significant role in ensuring a bright future for all of us.

I have reviewed the written testimony and statements and I am impressed with the thoughts, insight, and enthusiasm expressed by today's witnesses. While we have much to travel on the road ahead, we have made significant strides in recognizing the importance of a comprehensive approach to education that involves not only our children, but our families and our entire community.

I am pleased to see the success of parent-participation preschools such as Keiki o ka 'Aina and to hear from parent-participants about the value of this important program. I am equally impressed by the Pulama I Na Keiki program—which focuses on prenatal care.

I am encouraged to learn of the progressive actions taken by the Kamehameha Schools to meet more of the educational needs of Hawaiian families and children. As a Kamehameha Schools graduate, I support the increased outreach, public-private partnerships, and extensive collaboration with communities as well as other Native Hawaiian agencies and organizations to increase educational opportunities and access for our people.

I am interested in hearing more about the model developed by Ho'owaiwai Na Kamali'i and how its guiding principles will be implemented. I look forward to working with the State of Hawaii to fulfill its goal that "All of Hawaii's Children will be safe, healthy, and ready to succeed."

Again, I thank you, Mr. Chairman, for bringing us all together to work on the vision of our great friend, Pinky Thompson. I look forward to hearing from our witnesses this afternoon.

PREPARED STATEMENT OF MARY FRANCES ONEHA

April 5, 2002 Good afternoon Chairman. My name is Mary Frances Oneha. I am a Native Hawaiian with a PhD in Nursing. I am testifying as an individual to advocate for providing the support necessary for Native Hawaiian children to begin school healthy and ready to succeed. I was born and raised on a farm at Waiale'e.

I am the second of 5 children. I received my early education on the North Shore beginning with kindergarten at Kahuku, elementary school at St. Michael's in Waialua, and high school at Sacred Hearts Academy in Kaimuki. My parents were very supportive of the choices I would then make as an adult, receiving a Bachelor's degree in Nursing from the University of Hawai'i at Manoa, and a Master's in Nursing from the University of Washington.

I began working with children and their families in Hawai'i and on the mainland, this lasted about 10 years. I have since worked in the community 11 years, 10 of which have been at the Waianae Coast Comprehensive Health Center. I am responsible for programs that provide support to pregnant women and homeless individuals/families. I have seen and struggled with the challenges Native Hawaiian families endure. I am here not to talk to you about what I do, but to tell you what I think was important for me to get to where I am today. As a Hawaiian, maternal-child nurse, and provider, these are the values that have brought me to where I am today:

(a) *'ohana*—My parents and grandparents were and are my role models. My family—aunts, uncles, brothers, sisters, and close friends, are my greatest support. They are whom I turn to for guidance, knowledge, encouragement, honesty, and fun. Does health and educational systems, programs, and processes support this value of 'ohana in its entire context?

(b) *'dina hanau*—Hawai'i is the land of my birth, the land of my ancestors, this is where I belong, this is where I come from. Having a sense of belonging to a place—with its history, culture, events, and rituals—was instilled in me through my family. Belonging to this place influences who I am and the contributions I will make to this place. Do we create environments for children to know they belong to this land—this living, breathing entity, that influences who they are and will become?

(c) *aloha*—giving and receiving freely. Welcoming people to our family is a gesture my mother and aunt have mastered. They willingly give of their time and talents and do not hesitate in sharing their aloha with strangers. They are adept at establishing meaningful relationships and teaching this skill to their children. How do we teach and care with aloha so children understand the true gift of establishing meaningful relationships?

There are many more values, however these have been the most influential in my life. As a Hawaiian, I know what the problems are, but I'm not necessarily the one that needs to be "fixed" or "changed." As a provider for 20 years, I know I'm part of the problem, and there's a whole lot of fixing and changing that needs to take place amongst us. As providers, we must accept the challenge of re-engineering our own behaviors, knowledge base, and rituals so Native Hawaiian children can be healthy and ready to succeed in school, after all, it is the most important legacy we should leave.

PREPARED STATEMENT OF BRANDY SILVA

Good Afternoon Mr. Chairman.

My name is Brandy Silva and I am a parent of a 5-year-old son and a 5-month-old daughter. While pregnant for my daughter I joined the program Pulama I Na Keiki.

I am here to talk about how Pulama I Na Keiki has helped me overcome some challenges as a parent and what benefits I am receiving by participating in this program. Even though I already had a child I thought to join this program because I feel that parenting is a learning process and not matter how much experience a person might have, there will always be more to learn.

When I found out that I was going to have another child I was quite anxious about being a parent of two children. How could I juggle my attention between two children? One child was already a handful and I it had been years since I tended to a baby. My boy was about to turn five. Would I remember everything in caring for a newborn? Then I joined Pulama I Na Keiki and my anxieties subsided. I now had someone who I could turn to, my parent educator. When we started our visits, I was in my third trimester and really nervous about labor. Would I know if I was in labor? There are so many pains and feelings I experienced with this pregnancy that I did not experience with the last. My parent educator brought my some handouts about labor signs as well and some literature on the weeks after delivery. She was also there to field questions when she was not there I could resort to looking at the handouts that had been given to me. Learning about bath care and car seat safety were big issues for me. We tend to take everything for granted. We think that if we buy a brand new car seat our child would be safe. Because boys and girls are different I was nervous about having to bathe my daughter. Going over the documents she brought relating to newborn care helped to ease my tensions.

Another great aspect of this program is that we do projects, we create homemade toys that help to enhance the development of the children. So not only is this program helping me as a parent to care properly for my children, but also helping me to achieve the goal of being an active parent in developing my children's skills so they will 1 day be able to achieve their greatest' aspirations.

Because Pulama I Na Keiki is Hawaiian based program it also helped to tie in my culture and heritage in raising my children. There is a project that this program does, which is a quilt made of four patches that incorporated Hawaiian values. I feel that this is important to my children and I being of Hawaiian ancestry to know what our kupuna valued and why.

For all these reasons I am grateful to be an active participant in this program and feel really lucky to have discovered that this type of program exists. It has helped me in so many ways and will continue to help me as I implement the knowledge that I have gained through this program. I would now like to thank you for giving me this time to share my experience and mana'o with you.

PREPARED STATEMENT OF WILLIAM H. WILSON, KA HAKA 'ULA O KE'ELIKOLANI COLLEGE OF HAWAIIAN LANGUAGE, UNIVERSITY OF HAWAI'I AT HILO

Aloha Senator Inouye and members of the Senate Committee on Indian Affairs. I appreciate this opportunity to testify relating to Federal policy on Native Hawaiian early education, development and care. I wish to speak on an area of special relevance to our College—preschool education through the Hawaiian language. I propose a Federal set-aside for Hawaiian medium preschool education under the 'Aha Punana Leo.

The history of Hawaiian education and the important role that Hawaiian language medium education has played in that history is well documented in the Native Hawaiian Education Act. Also documented in the Act is suppression of the Native Hawaiian language in educational institutions under Federal policies—policies only reversed in the 1990 Native American Languages Act which you introduced, Senator Inouye.

During the short history of the Native Hawaiian Education Act, we have seen the 'Aha Punana Leo develop Hawaiian language preschool education from an illegal activity to one that has spread statewide and changed the course of K–12 education in Hawai'i and even higher education as evidenced by the creation of our College of Hawaiian language. While this change in the use of Hawaiian has been a very significant development, and one that has served as a model for other Native American peoples, the work of the 'Aha Punana Leo is still very much in the beginning stages compared to English medium preschool education for Native Hawaiians.

During the entire period of the Native Hawaiian Education Act, the 'Aha Punana Leo has been the sole entity that has had the expertise and fortitude to develop and maintain Hawaiian medium preschools on a statewide level. This one entity has carried Hawaiian medium preschool education all by itself while numerous public and private entities provided English medium preschool education for Native Hawaiians.

The development of the 'Aha Punana Leo to its present statewide level of operations has depended greatly on competitive grants under the Native Hawaiian Education Act. It would be a major blow to the purposes and legacy of the Act if preschool education through Hawaiian came to an end simply because for some reason the 'Aha Punana Leo were not an awardee during a grant competition under the Act. The possibility of this has grown considerably with new provisions of Federal grant competition that favor new awardees over those with a long record of successful applications.

Senator Inouye and members of the committee, we need to develop the 'Aha Punana Leo's model of early childhood education taught through Hawaiian to a new and higher level, not eliminate it. There is much that needs to be done to take Hawaiian language medium preschool education to the next level. English medium preschool education will not die without your help, but Hawaiian medium preschool education, will. I therefore urge that a set aside be made for the 'Aha Punana Leo for Hawaiian medium preschool education development.

Testimony
on
Native Hawaiian Early Childhood
Development, Education and Care
before the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye, Chair
April 5, 2002
DAV Hall, Honolulu Hawai`i

My name is Myron K. Thompson. I am the eldest son of Myron "Pinky" Thompson. And the reason that I am here today is that my father, unfortunately for all of us, recently passed away. I have been asked to share my father's vision for the need for early childhood education and care of Hawaiian children.

I am in a very unique position in that I knew Pinky Thompson from a number of different perspectives. The most obvious one was that he, of course, was my father, but we interacted and related on community and social issues constantly. I spend countless hours with him talking about many subjects, but the one that came up the most was the one that we will be addressing today - the need for early childhood education and care.

As most of you know, Pinky Thompson was a courageous leader. He did not always know the path to the desired end, but he never wavered from his basic intention. And that was that he wanted to improve the conditions of the Hawaiian people and all people of Hawai'i. He knew that Hawaiians were testing poorly in schools, he knew that our prisons had a higher percentage of Hawaiians in comparison, he knew that there was too much drug and alcohol abuse. And he knew that our race had lost its pride and self-esteem. So his vision, which formed early in his life, was to do whatever he could to improve the Hawaiian race culturally, economically, educationally and spiritually. It was also his contention that the ancient Hawaiians had a lot to teach us and that much of this was lost over time. As we gather here today, it is this same basic drive that continues.

Pinky Thompson was a passionate man. He believed strongly that the area to address, the area that would produce the most lasting and long-term results, is the area of early childhood education and care. He believed that if you addressed children early on and provide certain basic needs, they will respond positively, and then you have a chance at breaking the dwindling spiral of the culture and the race. The other major point that he constantly made was that we need to create an environment that is safe and healthy, because such an environment, creates the proper elements necessary for children to grow physically, emotionally and spiritually. A safe and healthy Hawaii became his personal mission statement. Coincidently, it became the mission statement of our family also.

Today, there will be both written and oral testimony from many people that substantiate the need for further help in accomplishing Dad's vision. The on-going testimony will make it abundantly clear that there is much more to be done.

And it is my own personal conviction that Dad's vision is vitally important and Dad's vision does need to be carried forward, for the sake of Hawaiians and all mankind. We all need to take more responsibility for the problems we face and do whatever we can to seek out and find workable, effective solutions that provide a safe and healthy Hawai'i, nation and world.

I stand here in front of our congressional delegation, friends and many others with similar hopes and dreams, and I say that in honor of my fathers courage and dedication toward improving Hawai'i and the world, let us never stop on this journey until we get the job done - and we restore our place in our world as proud, courageous, caring people equipped with the tools necessary to flourish and prosper in our complex society.

Mahalo

April 1, 2002

Senator Daniel K. Inouye
United States Senate Committee on Indian Affairs
300 Ala Moana Blvd. Rm 7-212
Honolulu HI 96850-4975

Native Hawaiian Early Childhood Development and Care
Sacred Places Within Our Beloved Communities

by Ho`oipo DeCambra

Papakolea

My early childhood memories are filled with all kinds of smells and textures of limu, slimy sea creatures and beautiful sun filled days on the beaches at Waikiki, Ka`a`awa, Ewa Beach, Waimanalo, Punaluu. I learned early on that the kai provided places that feed you, in more ways than just our belly. The entire island was my learning laboratory. Story tellers (aunts) in Papakolea, where I lived from birth to about ten years of age, 1944 to 1954, five years before Statehood, impressed upon me the presence of night marchers, flying fire balls and kahuna tradition and wisdom. Mother took me to a healer in Makiki at my birth. I watched as only a little child could in awe of the demonstrations and acts of Hawaiian ritual as mother paid tribute to Pele, the Volcano Goddess and KeAnuenue, the Rainbow Goddess. I played among the headstones at the Nu`uanu graveyard, while mother sat, talked and cried over her first husband. I learned early on about life and death, but mostly I learned about life. A life which includes a powerful spiritual dimension about our experience. I received a broad world view of what it meant to be a native Hawaiian child growing up.

Wai`anae

My two children have grown up in a very different society. Although we were able to raise them by the ocean with much of the same values and traditions, the environmental influences were many. Some are down right evil. During the 1980's, I witnessed an outside influence of illegal drugs being introduced into my community. In 1988, my niece was shot to death by her husband who had been using "ice" while her infant was asleep in the bedroom. By 1994, I began to work in a Substance Abuse Agency helping incarcerated adults with substance abuse histories to turn their lives around. We began to structure more Hawaiian traditional activities and practices into the programs at the treatment center with successful results. By 1997, I was confronted with the reality that perhaps every family was touched by this substance abuse problem. Research indicated that my community has extemely high rates of reported cases of infants prenatally exposed to "ice" and other drugs. I know I certainly was dealing with that fact with my family. I was forced to walk the crooked path straight while struggling to discern how to live with the ravages of substance abuse impacting my own family. This is where my parental skills, leadership experience and cultural knowledge was put to the test. This is when my relationships with other women in my community carried me through the "dark night of my soul". All I can say is that if adults are using drugs, they are not able to care for their children. If they are not caring for their children then the problem needs to be addressed at its root cause. In addition to drug use, whole families under a great deal of stress so the approach should be as broad.

Sacred Places
Puanani Burgess describes the need to identify/create "Sacred Places". Hawaiian children have a great need to grow up within these "Sacred Places". Communities have the capacity to solve their own problems. With regards to Early Childhood Development Programs, I wish to recommend that you seek the input of the following persons: adults who have been in recovery for three to five years, early childhood educators, parents and grandparents, teachers, business folk, community health workers, mental health workers, Nurse Practitioners and Doctors, Child Protective Services, and community college faculty, and community non-profit organizations providing direct service to children. Communities have always had the resiliency to develop the organizations they need to support healthy communities, families and individuals. Within our geographic boundaries of the Wai`anae Coast, we have a tremendous amount of organizational and human resources available to us to raise a child.

Currently there is a large movement toward revitalization of Hawaiian traditions by educating Hawaiian children in Hawaiian language-immersion schools. Children are instructed solely in the Hawaiian language and are immersed in Hawaiian traditions. We do not yet know the effect that this program will have on a developing child's sense of ethnic identity, identification with the dominant Western society, or ability to integrate into the dominant society. I would suggest that an ability to function in both worlds is important to the native child's emotional health. For many, the ability to function in both worlds can only be gotten if the child is first raised within the "nest" of his or her culture.

Native Hawaiian Early Childhood Development and Care should incorporate a comprehensive approach to solving the problems. Early intervention strategies that incorporate a comprehensive approach and involving parents are essential for long-range success. The success of these adults and children getting back on the path of life unleashes tremendous human potential and other resources in our communities. All these educated plans are for nothing if not designed and developed with parents from the beginning.

Testimony
On
Native Hawaiian Early Childhood Development,
Education and Care
Before the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye, Chair
April 5, 2002
DAV Hall, Honolulu, Hawai'i

Greetings:
Aloha mai kakou
Good Afternoon Chairman,

Introduction:
My name is Kalau'ihilani Robins. I am currently the Assistant Director at Punana Leo O Kawaiaha'o, a Hawaiian Immersion Preschool, which is located on Kawaiaha'o Church Grounds. I have 3 children ages 8,4 and 2. My oldest daughter Pu'uwai had attended Punana Leo O Kawaiaha'o as a preschooler. My 4-year-old, Anuhea, currently attends Punana Leo O Kawaiaha'o and my youngest, 'Eleu will be attending there this January.

Topic:
I am here to talk about the challenges a parent face when seeking out early childhood education. While pregnant to my oldest child. I had already begun searching for a preschool for my daughter to attend. Punana Leo's program appealed to me because not only did I feel it was important for my family to learn the Hawaiian language and culture, I also had heard about the benefits children receive when introduce to more than one language and early childhood education at an early age.

When Pu'uwai made 2 ½ years old, I applied at Punana Leo O Kawaiaha'o and was told immediately that spaces were limited, so don't be discourage if my daughter did not get in. After the application and interviewing process we were fortunately one of the 9 families chosen out of 5 times that amount of applicants that year. After my first daughter attended I knew it was important for all of my children to attend this preschool.

I now recognize my daughters' successful ability with her learning skills. I was very fearful that she would have a hard time with English reading, but at 2nd grade my daughter is now able to read at a 3rd /4th grade level. She also excels with all of her other subjects. I honestly believe by sending her to an early childhood education program has benefited her learning abilities until today.

This past October I decided to leave my previous employer as a bank supervisor to become an employee at Punana Leo. Not until I became an employee did I realize how lucky my family was to have been chosen to be a part of the Punana Leo program. We have just completing the application and interviewing process for the school year 2002-2003. This year we receive around 45 applications, but because the lack of funds and space we were not able to accept them all. We were only able to accept 9 families. This was a very heart wrenching, emotionally stressful process. I have sat in almost every interview and have read every application. It was hard for us to decide which families had the qualities needed to be a Punana Leo parent. With the thought that all of these families had the right to receive our services. I do not feel I have the right to choose who is worth our services and who is not. I feel there should be a Punana Leo in every community and the ability to service everyone wanting to be a part of this program.

I feel very honored and privilege to be a part of the Hawaiian Language movement at Punana Leo O Kawaiaha'o, as a parent and as an employee. Punana Leo has been an important part of my family. It has served as not only a preschool for my children but also a way of life.

I strongly do not believe that Punana Leo's program is for every family, but I do believe that all families should have a program easily accessible in there community that fits that families needs and is affordable.

As the brain development professionals and educators that have spoken before me and will be speaking after me point out that the early years of a child's life is the most crucial time. We as a community should provide all that we can for these children.

Introduce daughter (Anuhea):
I would now like to introduce my daughter Anuhea and she would like to say a few words for us.

Mahalo:
I would to thank the chairman and the men and women of the Congressional Delegation for allowing my daughter and I to share our experiences and thoughts here today.

Mahalo!

TESTIMONY

In Support of Native Hawaiian Early Childhood Development, Education and Care

Before the

UNITED STATES SENATE COMMITTEE ON INDIAN AFFAIRS
Senator Daniel K. Inouye, Chair

April 5, 2002
Disabled AmericanVeteran's Center
2685 North Nimitz Highway
Honolulu, Hawai'I

Aloha kākou.

My name is William Johnson and my daughter Berlin attends Keiki Steps Play Mornings at Pilila'au Park in Wai'anae. Berlin just turned 5 years old in February and will be entering kindergarten in the fall. Just about everyday she would beg us to send her to school. But we could not afford preschool and don't qualify for a lot of other programs. So Keiki Steps/Sunshine Play Mornings are perfect for families like ours.

At Play Mornings I get to spend quality time with my daughter and she gets to interact/socialize with other children. I also like to play with the other children too. I enjoy the guest speakers, field trips and interesting educational activities provided there.

My sister heard about the program and told us about it. We have told several of our friends. Unfortunately it is sad to know that our playgroup is getting too full and that there is a limit on the number of kids who can attend. I was also surprised to hear that these Play Mornings are not available in all communities. I think that it would be helpful if there was a way to coordinate all efforts to have programs like ours in all Hawaiian communities.

So I am here in behalf of other parents in situations like my own and from our Wai'anae community in hopes that my testimony will continue to help fund such excellent and school readiness programs to ours and all Hawaiian communities.

Thank you for letting me share my story.

United States Senate
Committee on Indian Affairs

HEARING ON NATIVE HAWAIIAN EARLY EDUCATION & CARE

Disabled American Veterans' Hall
Honolulu, Hawai'i
April 5, 2002 – 1 p.m.

TESTIMONY OF HAMILTON I. McCUBBIN, Ph.D.
CEO OF KAMEHAMEHA SCHOOLS
IN SUPPORT OF INCREASING SCHOOL READINESS AMONG CHILDREN OF HAWAIIAN ANCESTRY

Aloha kākou –

Good afternoon Chair Inouye, honorable members of the United States Senate and House, and representatives of the Senate Committee on Indian Affairs.

My name is Dr. Hamilton McCubbin. I am chief executive officer of Kamehameha Schools and I appreciate this opportunity to testify before you as an advocate of vastly improving the school readiness of children of Hawaiian ancestry.

All children have dreams. All children want to please. They are little heroes just waiting to succeed. But success is a process requiring care and support.

Research tells us that if a child is safe, healthy and supported by his or her family and community, that that child will not only be ready to experience the learning environment, but also will likely grow up to be a life-long learner and a contributing member of our society. For this, a child needs to be prepared – made ready to begin the transition from the home setting to the greater world outside.

In Hawai'i, our state legislature recognized the importance of "school readiness" in Senate Bill 2283. That bill defines school readiness to mean: "young children are ready to have successful learning experiences in school when there is a positive interaction among the child's developmental characteristics, school practices, and family and community support."

In other words, school readiness requires the four domains in the child's life experience to interact in positive, healthy and reinforcing ways. This presumes:

- The child is in a state of physical, social and emotional well-being;

- The child's family assumes responsibility for providing the resources a child needs to have a healthy and emotionally supportive environment;

- The child's school has a plan that proactively engages the child's family in providing a systematic transition for the child from home and/or early education program into kindergarten and school; and, finally,

- The child and family is supported by a community willing to keep children safe, adequately nourished and to insure their physical wellbeing.

The cultural domain

The above comprise the four universals of "school readiness" for all children. The federal government has made significant gains with programs such as Head Start. But Head Start has no provision for cultural contingencies so often needed among indigenous people.

For the Hawaiian child, at least two additional "domain" realities must be added to the "school readiness" equation:

First, that Hawaiians – as with other indigenous cultures – often learn differently from children of mainstream Western cultures, and "school readiness" for the Hawaiian child requires a cultural overlay, based on the very foundation of Hawaiian culture and learning – the family.

The Department of Health's "Healthy Hawai'i Survey" found that among Hawaiians, 80% of 3- and 4-year olds eligible for preschool are not in preschool. This figure may well reflect Hawaiian families' cultural preference to keep their children close to home.

This is "mālama" – a Hawaiian concept of "caring" that imbues the extended family system. Among many Hawaiian parents – married or unmarried, employed or unemployed – the obligation to "mālama" or care for and teach a child is understood (and with no sense of imposition) to be the kuleana (responsibility) of all members of their extended family. An extended family may include – but is not limited to – parents, grandparents, older siblings, aunties, uncles, cousins, hānai family members, neighbors and the community at large.

Hawaiians' exceedingly strong extended family system, is the traditional source of learning within the Hawaiian community. This form of learning is intimate, direct, nurturing and culturally grounding for the child. It is also very effective as a teaching tool.

So, if we are sincere in wanting a safe, healthy and ready-to-succeed Hawaiian child who is "school ready," it becomes our kuleana as educational providers – federal, state, local governments, communities, families and educators – to support "school readiness" within the context of culture.

We know children learn best when culturally grounded. We also know that for the 21st century, a child must be grounded in the foundations of learning. Therefore, it becomes our task to support and involve the Hawaiian family in the understanding of how much a child might gain from early education programs as value added to what a child will learn within the family environment.

The at-risk domain

The second additional domain overlay for "school readiness" is that our Hawaiian children represent a disproportionately large at-risk segment of our society. Poverty, substance abuse, maternal health risk levels among Hawaiians are considerably higher than other ethnic groups – often higher than all other ethnic groups combined – in the state.

Among maternal risk factors cited in 1998 Department of Health study: of all live births in the State, Hawaiian women were at higher risks of experiencing unhealthy births due to late prenatal care, higher use of tobacco during pregnancy, and health problems such as hypertension, elevated blood sugar, obesity, diabetes, being unmarried and a teen.[1]

Data suggested in a Kamehameha Schools study showed that "54 percent of all reported maternal substance abuse cases involved Hawaiian women (1,062 of 1,925). This contrasts with a 25 percent representation of Hawaiian women across all births" – or, "about four times the rates of mothers in other major ethnic groups (Caucasian, Filipino and Japanese mothers) and more than twice as high as the statewide rate."[2]

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[1] Maternal Child Health Statistics 1998 – Source: State of Hawai'i Department of Health – Office of Health Status Monitoring (courtesy Queen Lili'uokalani Children's Center's "Hawaiian Keiki Stats.")

[2] "Rate and Sistribution of Adverse Reproductive Outcomes for Hawaiians," PASE Data Report, Office of Policy Analysis & System Evaluation, Kamehameha Schools, Honolulu 2001.

There are literally too many risk factors besetting the Hawaiian child and impeding "school readiness" to be provided in this testimony (additional data are attached). Yet, among them should be noted:

- Hawaiians have the highest teen birth rates; and the mothers have highest tobacco use while pregnant; [3]
- Hawaiian children represent nearly half (47%) of all children affected by asthma in Hawai'i; the disease most prevalent in the birth through five age group. [4]
- Of particular concern is the lack of access to critical health care for an estimated 10,978 children in the state without health insurance coverage, 28 percent of whom are Hawaiian. [5]
- Hawaiian children have the highest exposure (51.8%) to family use of alcohol, tobacco or other drugs than the statewide average (45.5).[6]
- Hawaiian children are over represented as victims of child abuse and neglect, representing 38% of all abused and neglected children in Hawaii.[7]
- Hawaiian families in general have lower household incomes than other ethnic households in the state and they are over-represented among households qualifying for public assistance programs that meet federal poverty level standards. [8]

Support is essential

It is a sad truth that in the state of Hawai'i, our Hawaiian people – our host culture – represents a disproportionately large at-risk segment of our state's population; a disproportionately large segment of households living at or below the poverty level.

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[3] Maternal Child Health Statistics 1998, Op. Cit.

[4] Children with Asthma," State of Hawai'i Department of Health Surveillance 2000 (courtesy Queen Lili'uokalani Children's Center's "Hawaiian Keiki Stats.")

[5] "Child Not Covered by Health Insurance" – Source: State of Hawai'i Department of Health Surveillance 2001 (courtesy Queen Lili'uokalani Children's Center's "Hawaiian Keiki Stats.")

[6] "Ka Leo O Nā Keiki," 2000 Hawai'i Student ATOD Use Survey – Source: State of Hawai'i Department of Health – Office of Health Status Monitoring (courtesy Queen Lili'uokalani Children's Center's "Hawaiian Keiki Stats.")

[7] Confirmed Child Abuse & Neglect:1997-98 – Source: State of Hawai'i Department of Human Services, Management Services Office (courtesy Queen Lili'uokalani Children's Center's "Hawaiian Keiki Stats.")

[8] Public Assistance Counts as of February 21, 2001 – Source: State of Hawai'i Department of Human Services, Management Services Office (courtesy Queen Lili'uokalani Children's Center's "Hawaiian Keiki Stats.")

At Kamehameha, for example:

- More than 70 percent of our pre-K students receive financial aid;
- More than 60 percent of our K-12 students receive financial aid

For Hawaiian children, "school readiness" is not only critical to the child's ability to learn at all, it is critical to that child's future well-being as an adult citizen.

Education is the tool. It is often the salvation. But educational opportunity will work so long as it is driven by, inseparable from, and built upon the strengths inherent in the Hawaiian community and in an understanding that "school readiness" for Hawaiian children must include sensitivity to the indigenous culture.

At Kamehameha, we are extending our early education reach by partnering with the Department of Education and other agencies such as the Department of Hawaiian Home Lands, the Queen Lili'uokalani Children's Center because we must pursue the public-private partnership in order to attempt to meet the needs. To this end, Kamehameha is working with the State of Hawai'i to develop a public-private partnership to expand State early education programs for children from financially needy families, called "Pre-Plus," in communities with a high concentration of people of Hawaiian ancestry.

We are developing needs-based early education scholarships designed for financially needy children of Hawaiian ancestry living in areas where existing preschool programs or Head Start programs are not available. Evaluated on the basis of financial need, scholarships will be available to students who attend preschool approved by Kamehameha – generally those accredited by the National Association for the Education of Young Children. We will also provide assistance to selected existing programs to enable them to become accredited.

Kamehameha is initiating a Family Educational Services program – in collaboration with other public and private agencies and service providers – to provide educational services concerning child development and the importance of an appropriate family environment that will include family and community workshops, home visits, and training and family counseling.

Together we are looking to build on the wisdom and knowledge of the Hawaiian community to meet the needs of the children.

Together we are looking provide greater educational access – within culturally appropriate settings – in areas with large Hawaiian populations. At

Kamehameha we hope to reach fully one-third of the eligible Hawaiian preschool population – 10,000 children – by 2005.

This community is not averse to hard work and to caring for its children. But, clearly we cannot do this alone. The need is too great. The challenges are too great. So it is the collective hope of the men and women and representative agencies before you that the needs of our Hawaiian community can become part of the national education agenda.

And, that the federal government and federal dollars – along with our partnering projects throughout the state of Hawai'i – will assist us in building community capacity to address the desperate need for culturally sensitive early childhood care for Hawaiians.

Mahalo for this opportunity to testify before you.

Attachments:
1. "Hawaiian Keiki Stats" – compiled by the Queen Lili'uokalani Center
2. "Rate and Distribution of Adverse Reproductive Outcomes for Hawaiians," Policy Analysis & System Evaluation Report No. 2001-02, Kamehameha Schools, 2001.
3. "Problems Facing Hawaiian Communities: Information from a Telephone Survey Conducted to Inform Kamehameha Schools' Strategic Planning Process," Policy Analysis & System Evaluation Report No. 2000-01, Kamehameha Schools, 2000.

Hawaiian Keiki Stats

Compiled by the Queen Lili'uokalani Children's Center

I. Demographics

A. Source: DOH Vital Statistics (All Births in Hawaii 1995-99)

	Total	Hawaiian	Percentage Hawn
Birth thru 5 years	91,598	32,198	35%

B. Source: DOH Health Surveillance Survey 2001

	Total	Hawaiian	Percentage Hawn
Birth thru 5 Years	92,100	31,186	34%

Note: Hawaiian children represent approximately 35% of the state population in the under five age group. Two methods used to estimate these population counts are a) tabulating vital records of live births from 1995-99 and b) the 2001 Annual Health Surveillance Survey of Hawaii Households.

II. Health Data

A. **Maternal Child Health Statistics 1998:** (Source DOH - Office of Health Status Monitoring)

	Births	Teen Birth Rate	Non-Married Status
Hawaiian	4,504	8.8%	56.%
Non- Hawn	13,029	2.5%	23.6%
Total	17,533		

	Late Prenatal Care	Maternal Risk	Tobacco Use While Pregnant
Hawaiian	32.2%	31.6%	16.9%
Non-Hawn	17.7%	24.0%	5.5%

Note: The risks for Hawaiian keiki start at the earliest stages of their lives as indicated by these Maternal Health Risk Factors for the year 1998. Of all women delivering live births in the State, Hawaiian women were at higher risks of experiencing unhealthy births due to, late prenatal care, higher use of tobacco during pregnancy, having health problems such as hypertension, elevated blood sugar, obesity, diabetes, being unmarried and a teen. Trend data indicate that these risk factors have been relatively consistent over the past decade.

B. Child Not Covered by Health Insurance (Source DOH Health Surveillance 2001)

Hawaiian	3,073
Non-Hawn	7,905
Total	10,978
% Hawn	**28%**

C. Children With Asthma (Source: DOH – Health Surveillance 2000)

All Children w/ Asthma		38,112
Total Children in State	291,070	
% Children w/ Asthma	13 %	
Total Hawn Children		101,682
Hawn Children w/ Asthma		17,884
% Hawn w/ Asthma		18 %
Hawaiian w/ Asthma		17,884
Non-Hawn w/ Asthma	20,228	
Total Children w/ Asthma	38,112	
% Hawn	**47 %**	

Note: Poor children are most vulnerable to asthma, a condition that negatively impacts academic achievement and self-esteem. Asthmatic children require more doctor and emergency room visits and use more medications. Hawaiian children represent nearly half of all children affected by asthma in Hawaii. The disease is most prevalent in the birth through five age group. (HHIC Asthma Discharges by Age Group 5/00) Of particular concern is the lack of access to critical health care for an estimated 10,978 children in the state without health insurance coverage, 28% of whom are Hawaiian.

D. Hawaiian Adolescent ATOD Use

(Source: DOH, Ka Leo O Na Keiki, 2000 Hawaii Student ATOD Use Survey
All data represent percentages)

8th Graders	Hawaiian	Statewide
Smoking Cigarettes in the Past Month	16.3	12.1
Drinking Alcohol in Past Month	32.3	22.1
Drinking alcohol Daily in Past Month	3.5	1.6
Using Marijuana in Past Month	17.1	8.9
Needing Treatment for ATOD	14.4	7.6

10th Graders		
Smoking Cigarettes in the Past Month	21.4	16.6
Drinking Alcohol in Past Month	41.1	32.5
Drinking alcohol Daily in Past Month	2.9	2.4
Using Marijuana in Past Month	28.0	17.2
Needing Treatment for ATOD	26.4	18.4
12th Graders		
Smoking Cigarettes in the Past Month	24.2	22.6
Drinking Alcohol in Past Month	45.2	43.2
Drinking alcohol Daily in Past Month	6.1	3.5
Using Marijuana in Past Month	31.3	22.7
Needing Treatment for ATOD	37.3	27.0

Note: More Hawaiian children begin use of alcohol, tobacco and other drugs at an earlier stage of their development, (middle school) and increase their consumption over time. By the time they are seniors in high school nearly 37% of the Hawaiian students require treatment for some form of ATOD use.

E. Risk & Protective Factors

(Source: DOH, Ka Leo O Na Keiki, 2000 Hawaii Student ATOD Use Survey
All data represent percentages)

	RISK & PROTECTIVE FACTORS, 2000	Hawaiian	Statewide
Community Domain	**Risk Factors**		
	Low Neighborhood Attachment	36.7	38.3
	Community Disorganization	48.3	43.4
	Transition & Mobility	43.4	42.5
	Exposure to Community ATOD Use	40.1	38.6
	Laws & Norms Favorable to ATOD Use	57.3	43.3
	Perceived Availability of Drugs & Handguns	40.6	41.9
	Ability to Purchase Alcohol or Tobacco	16.2	13.4
	Protective Factors		
	Community Opportunities for Positive Involvement	44.5	43.6
	Community Rewards for Positive Involvement	50.5	45.3
F	**Risk Factors**		
	Poor Family Supervision	45.0	46.1
	Family Conflict	44.2	41.2
	Lack of Parental Sanctions for ATOD Use	43.4	36.8
	Parental Attitudes Favorable Toward ATOD Use	31.3	25.8
	Exposure to Family ATOD Use	51.8	45.5
	Parental Attitudes Favorable toward ASB	42.9	37.9
	Family (Sibling) History of ASB	51.9	40.5

	RISK & PROTECTIVE FACTORS, 2000	Hawaiian	Statewide
	Protective Factors		
	Family Attachment	47.7	46.0
	Family Opportunities for Positive Involvement	37.9	33.7
	Family Rewards for Positive Involvement	47.5	42.6
School Domain	**Risk Factors**		
	Low School Commitment	49.1	46.0
	Poor Academic Performance	53.3	44.6
	Protective Factors		
	School Opportunities for Positive Involvement	46.5	43.7
	School Rewards for Positive Involvement	45.0	42.4

	RISK & PROTECTIVE FACTORS, 2000	Hawaiian	Statewide
Peer-Individual Domain	**Risk Factors**		
	Early Initiation of Problem Behaviors	51.8	40.5
	Favorable Attitudes Toward ATOD Use	37.0	32.9
	Low Perceived Risk of ATOD Use	47.7	44.1
	Antisocial Behaviors (ASBs)	29.1	21.2
	Favorable Attitudes Toward ASB	39.4	39.5
	Friends' ATOD Use	50.4	41.4
	Interaction with Antisocial Peers	50.0	40.7
	Rewards for Antisocial Involvement	47.1	43.2
	Rebelliousness	37.7	32.4
	Sensation Seeking	50.3	43.8
	Gang Involvement	25.1	19.4
	Depression	49.6	45.7
	Protective Factors		
	Peer Disapproval of ATOD Use	46.2	53.2
	Religiosity	39.9	40.7
	Belief in the Moral Order	42.5	45.5
	Educational Aspirations	32.7	44.0
Indexes	**Risk Factor Index**		
	Low Risk (0to 10 Risk Factors)	46.2	54.8
	Moderate Risk (11to 17 Risk Factors)	31.4	29.1
	High Risk (18 to 28 Risk Factors)	22.4	16.1
	Protective Factor Index		
	Low Protection (0 to 5 Protective Factors)	59.3	60.3
	Moderate Protection (6 to 8 Protective Factors)	31.5	29.4
	High Protection (9 to 11 Protective Factors	9.2	10.3

Note: Research has shown alcohol and drug problems to be highly correlated with certain "risk" factors, which can be measured. Likewise there are protective factors which act as a buffer against the risk factors, by improving coping, adaptation and competence. Hawaiian children are at higher risk of developing ATOD problems than the average adolescent in the state, as they experience more risk factors (family & friends use of ATOD, poor academic performance, interaction with anti-social peers, lack of parental sanctions against ATOD use, etc). Hawaiian children experience a similar number of protective factors as other adolescents in the state, but in general all of Hawaii's children need increased protection against ATOD.

III. Economic & Social Well-being Data

A. **Public Assistance Counts as of 2/21/2001** (Source: Dept of Human Services, Management Services Office)

	TANF/TANOF	Medquest	Foodstamps
Hawaiian	11,487	5,389	14,009
Non-Hawn	28,821	16,469	35,210
Total	40,308	21,858	49,291
% Hawn	**28.5%**	**24.6%**	**39.8%**

B. **Household Income Ranges** – (Source: Health Surveillance Survey 2001)

	<$20,000	$20-39,999	$40-59,999	60,000+
Hawaiian	23.7%	24.2%	18.5%	33.7%
Non-Hawn	18.4%	25.6%	20.0%	36.0%
Total	19.2%	25.4%	19.7%	35.7%

Note: Hawaiian families in general have lower household incomes than other ethnic households in the state. They are over-represented in households that qualify for public assistance programs such as TANF, Medquest & Foodstamps, which meet federal poverty level standards.

C. **Confirmed Child Abuse & Neglect:** 1997 – 98 (Source: Dept of Human Services, Management Services Office)

	1997	1998
Hawaiian	988	843
Non-Hawn	1,543	1,399
Total	2531	2,242
% Hawn	39 %	38 %

Confirmed Abuse & Neglect – continued

Under 5 years old	952	837
Total – all ages	2,531	2,242
% under 5 years	38 %	37 %

Note: Hawaiian children are over represented as victims of Child Abuse & Neglect. Children under the age of 5 are most vulnerable to CAN, and are also over represented in this category. The DHS data reveal that the typical profile of a CAN victim is a Hawaiian, female child, under the age of 7. The majority of perpetrators are biological parents, most often female, between the ages of 30-39 years.

D. **Education level of Household Members over 18 years old.** (Source: DOH-Health Surveillance Survey 2001)

	Elem	**Some HS**	**HS Grad**	**Some College**	**College Grad**
Hawaiian	1.4%	7.1%	51.5%	23.6%	**14.8%**
Non-Hawn	3.5%	3.6%	33.6%	24.8%	31.4%
Total	3.1%	4.3%	36.9%	24.6%	28.3%

Note: Most of the survey respondents report that Hawaiian adults living in their household have at least a High School Diploma or equivalent, and have gone on to obtain some college or technical school training. However, compared to other ethnic groups, Hawaiian adults have not completed their college education to the point of receiving a degree.

PASE DATAREPORT

Policy Analysis & System Evaluation Report No. 2001-02: 1 ES October 2001

Rate and Distribution of Adverse Reproductive Outcomes for Hawaiians
Executive Summary

Kamehameha's strategic plan outlines comprehensive plans to extend educational services to more Hawaiians. One of the precursors leading to special educational needs of Hawaiian youth are cases of adverse reproductive outcomes (ARO) and birth defects.

Findings on all ARO births for the State of Hawai'i during 1986-1999 show that about 5.9 percent (n= 3,824) of all Hawaiian births (n= 65,268) resulted in adverse outcomes, compared to a rate of 5.6 percent across all births.

- Rates by diagnostic cluster for Hawaiians showed the typical predominance of problems in three systems: cardiac and circulatory, limb and musculoskeletal, and genital and urinary. Comparatively low incidence for Hawaiians was observed for chromosomal abnormalities, while exceptionally high incidence was recorded for maternal substance abuse.

- Findings on the maternal substance abuse category of ARO births showed that 54 percent of all reported maternal substance abuse cases involved Hawaiian women (1,062 of 1,925). This contrasts with a 25 percent representation of Hawaiian women across all births.

- Rates for maternal substance abuse per 10,000 live births were about four times the rates of mothers in other major ethnic groups (Caucasian, Filipino, and Japanese mothers) and more than twice as high as the statewide rate.

- Among Hawaiians who reported Maternal Substance abuse, about 4 percent of the total cases involved formal diagnosis of Fetal Alcohol Syndrome, while two–thirds linked to methamphetamine abuse, 30 percent to marijuana, and 22 percent to cocaine (the total exceeding 100 percent due to abuse reported in more than one category).

Implications

Educational intervention and research should focus on
- timely initiation of prenatal care;
- examination of factors shaping substance abuse among Hawaiian women; and review of outcomes for babies due to maternal substance abuse.

PASE DATA REPORT

Policy Analysis & System Evaluation Report No. 2001-02: 01 October 2001

Rate and Distribution of Adverse Reproductive Outcomes for Hawaiians

As Kamehameha Schools renews its commitment to serving as many Hawaiians as possible, advocates for children with special needs have expressed interest in Kamehameha Schools providing new services to those in need. These children require a range of services, and prevalence data for the State of Hawai'i show that Hawaiian youth are indeed overrepresented among those in the state identified as needing services. This report provides summary data about some of the precursors leading to special needs, specifically as relates to adverse reproductive outcomes and congenital birth defects.

Background

Since 1988, the Hawai'i Birth Defects Program (HBDP) has maintained a population based, active surveillance monitoring system that currently extends across 33 facilities and organizations on all islands. HBDP data are now available for 14 years, 1986-1999 (see Merz and Forrester, 2000). During this period, a total of 14,922, or about 5.3 percent of all births (262,000), were identified as *Adverse Reproductive Outcomes (ARO)*[1]. Based on available medical records for each case, about 88 percent (13,188) were classified into the birth defect categories established by the Centers for Disease Control (CDC). The remaining 1,734 cases reflected birth outcomes in three categories of supplementary interest to local health authorities: neoplasms, congenital infections, and maternal substance abuse.

Birth Defects and Births to Hawaiian Women

For the period 1986-1999, a total of 65,268 births to Hawaiian mothers (25% of all births) were reported within the State of Hawai'i[2]. Of these births to Hawaiian women, 3,824 had adverse reproductive outcomes, accounting for about 5.9 percent of all births to Hawaiian women and 26 percent of all Hawai'i birth defect cases. In general, the percent of ARO births for Hawaiian women (5.9 percent of all births) is similar to the percent for the state as a whole (5.6 percent) and the percent for Caucasian (5.5 percent), Filipino (5.3 percent), and Japanese (5.0 percent) women.

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[1] Birth defects reporting for State of Hawai'i includes CDC-designated birth defects, plus neoplasms, congenital infections, and maternal substance abuse. HBDP adopts the term "Adverse Reproductive Outcomes" to distinguish within-state reporting as shown here from reporting to CDC.
Source: Merz and Forrester, Hawai'i Birth Defects Program 1986-1999 Statewide Data, December 2000. Table 5, pp. 52-60.

[2] For data reported by maternal ethnic background, the reporting rate within the total pool was about 99 percent (14,762/14,922 cases).

Table 1 provides an overview of birth defect incidence by ethnic group of the mother. Among the four major ethnic groups, Hawaiian women experienced a slightly higher rate of birth defects. However, when all 14 identified groups are considered, seven of the 14 groups listed reported birth defect rates that were higher than the rate for Hawaiian women.

Table 1. Adverse Reproductive Outcomes by Maternal Ethnicity, State of Hawai'i: Cumulative for 1986-1999

	Total Births	% Distribution	ARO Births 1/	% Distribution	Rate per 10,000 births
Caucasian	67,926	25.9%	3,756	25.4%	553.0
Hawaiian	65,268	24.9%	3,824	25.9%	585.9
Filipino	48,285	18.4%	2,545	17.2%	527.1
Japanese	32,644	12.5%	1,627	11.0%	498.4
Chinese	9,941	3.8%	468	3.2%	470.8
Black	8,879	3.4%	551	3.7%	620.6
Samoan	7,324	2.8%	470	3.2%	641.7
Korean	5,504	2.1%	276	1.9%	501.5
Hispanic	3,672	1.4%	304	2.1%	827.9
Portuguese	2,523	1.0%	178	1.2%	705.5
Am. Indian	2,494	1.0%	168	1.1%	673.6
Vietnamese	1,922	0.7%	80	0.5%	416.2
Guamanian	506	0.2%	36	0.2%	711.5
Other	5,090	1.9%	479	3.2%	941.1
Total	261,978	100.0%	14,762	100.0%	563.5

1/ Birth defects reporting for State of Hawai'i; includes CDC-designated birth defects, plus neoplasms, congenital infections, and materrnal substance abuse.

Source: Merz and Forrester, Hawai'i Birth Defects Program 1986-1999 Statewide Data, December 2000. Table 5, pp. 52-60.

Table 2 shows the rate per 10,000 births of birth defects defined by the *International Classification of Disease, Ninth Revision*, in addition to the information for neoplasms, congenital infection, and maternal substance abuse requested by the State of Hawai'i.

Data are presented for the four major ethnic groups in Hawai'i based on self-identification of the mother (Caucasian, Hawaiian, Filipino, and Japanese). Collectively, these four groups comprised 82 percent of the births during 1986-1999 in the State of Hawai'i (214,123) and 80 percent of the reported birth defects cases (11,752 ARO births). Although rates within diagnostic clusters typically varied by ethnicity, the rate for Hawaiians relative to rates for other groups varied from one cluster to the next.

Creating a ratio of the rate for Hawaiians to the statewide rate shows how Hawaiians as a group fare, compared to the state. This exercise revealed two clusters of outcomes in which the difference exceeded ten percent:

- The incidence of chromosomal abnormalities for Hawaiian mothers tended to be comparatively low, about two thirds of the statewide rate (ratio value: .65); and
- The incidence of confirmed cases of maternal substance abuse was about four times higher for Hawaiian women than for Caucasians, Filipinos, and Japanese mothers and more than twice as high as the statewide rate (ratio value: 2.33).

Table 2. Rate per 10,000 Live Births of Adverse Reproductive Outcomes by Maternal Ethnicity, State of Hawai'i: Cumulative for 1986-1999, Four Major Ethnic Groups and Statewide Total

Diagnosis Cluster 1/	A Statewide (282,900 births)	Caucasian (67,926 births)	B Hawaiian (65,268 births)	Filipino (48,285 births)	Japanese (32,644 births)	Hwn/State Ratio (B/A)
Brain and Nervous System	40.4	40.3	44.3	43.3	36.1	1.10
Eye, Ear, Face, and Neck	45.0	44.8	48.0	51.4	41.7	1.07
Cardiac and Circulatory	188.4	181.5	198.3	222.0	174.6	1.05
Respiratory	25.1	28.6	25.3	26.7	20.5	1.01
Orofacial and Gastrointestinal	60.5	68.9	58.5	57.8	64.6	0.97
Genital and Urinary	110.5	122.3	117.8	127.8	83.9	1.07
Limb and Musculoskeletal	134.8	163.0	130.2	121.6	127.7	0.97
Skin and Integument	58.6	35.5	63.6	76.2	65.6	1.09
Chormosome and Other Systems	56.7	62.3	36.6	56.3	82.4	0.65
Neoplasms	10.6	9.9	9.8	12.0	13.5	0.92
Congenital Infections	8.1	7.8	7.5	11.2	6.7	0.93
Maternal Substance Abuse	69.7	42.1	162.7	44.3	38.6	2.33
Fetal Alcohol Syndrome	3.0	3.8	5.8	1.0	1.2	1.93
Illicit Drugs	67.9	39.6	159.2	43.5	37.7	2.34
Marijuana	20.9	15.9	49.5	8.9	7.4	2.37
Cocaine	17.3	16.0	36.2	4.6	9.2	2.09
Methamp./Amphe.	37.8	12.1	101.7	32.7	25.4	2.69
Total	528.0	553.0	585.9	527.1	498.4	1.11

1/ Birth defects reporting for State of Hawai'i; includes CDC-designated birth defects, plus neoplasms, congenital infections, and maternal substance abuse.

Source: Merz and Forrester, Hawai'i Birth Defects Program 1986-1999 Statewide Data, December 2000. Table 5, pp. 52-60.

Maternal Substance Abuse by Hawaiian Mothers

Of the total of 14,922 ARO cases recorded in the State of Hawai'i during 1986-1999, about 13 percent (1,973) were recorded as indicating Maternal Substance Abuse. These cases were identified by blood screening of all pregnant women who self-reported substance abuse or by positive diagnosis of Fetal Alcohol Syndrome among newborns.

Table 3 shows that Hawaiian women represented a markedly disproportionate number of those births classified within the Maternal Substance Abuse category.

- Of the 1,965 cases of Maternal Substance Abuse reported by HBDP between 1986 and 1999, Hawaiian women accounted for about 54 percent (1,062) of the total.
- Overall, more than one quarter of all ARO cases linked to Hawaiian mothers involved Maternal Substance Abuse (1,062 of 3,824 adverse reproductive outcomes cases = 28 percent). This incidence is more than three times higher than the percent of cases across all non-Hawaiian mothers in the state (903 cases of Maternal substance abuse for non-Hawaiians/10,938 cases of adverse reproductive outcomes for non-Hawaiians = 8.3 percent).

Table 3. Maternal Substance Abuse Listed as an Adverse Reproductive Outcome by Ethnicity of the Mother, State of Hawai'i : Cumulative for 1986-1999

Ethnic Group	Total	% Distribution	Mat. Sub. Abuse	% Distribution	Rate per 10,000 births	Total Adverse Outcomes 1/	Sub. Ab. as % Total Adverse Outcomes
Caucasian	67,926	25.9%	286	14.6%	42.1	3,756	7.6%
Hawaiian	65,268	24.9%	1,062	54.0%	162.7	3,824	27.8%
Filipino	48,285	18.4%	214	10.9%	44.3	2,545	8.4%
Japanese	32,644	12.5%	126	6.4%	38.6	1,627	7.7%
Chinese	9,941	3.8%	20	1.0%	20.1	468	4.3%
Black	8,879	3.4%	25	1.3%	28.2	551	4.5%
Samoan	7,324	2.8%	50	2.5%	68.3	470	10.6%
Korean	5,504	2.1%	30	1.5%	54.5	276	10.9%
Hispanic	3,672	1.4%	52	2.6%	141.6	304	17.1%
Portuguese	2,523	1.0%	28	1.4%	111.0	178	15.7%
Am. Indian	2,494	1.0%	42	2.1%	168.4	168	25.0%
Vietnamese	1,922	0.7%	3	0.2%	15.6	80	3.8%
Guamanian	506	0.2%	5	0.3%	98.8	36	13.9%
Other	5,090	1.9%	22	1.1%	43.2	479	4.6%
Total	261,978	100.0%	1,965	100.0%	75.0	14,762	13.3%

Source: Merz and Forrester, Hawai'i Birth Defects Program 1986-1999 Statewide Data, December 2000.

The 1,062 cases listed for Hawaiian women included a small percentage (about four percent, N=38) of diagnosed cases of Fetal Alcohol Syndrome. Beyond that, nearly two thirds of the cases were linked to methamphetamine abuse, 30 percent to marijuana, and about 22 percent to cocaine.[3]

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[3] **Some women were identified as abusing more than one of the major drugs listed; thus, the total adds up to more than 100 percent.**

Further analysis reported by HBDP also reveals several findings (see Merz & Forrester 2000).

- First, maternal substance abuse is related to delayed prenatal care. Twenty percent of all mothers in the state who did not receive prenatal care prior to giving birth reported maternal substance abuse. This was more than 50 times higher than the rate for women who initiated prenatal care during the first trimester of their pregnancies (.34 percent).
- Second, maternal age was also important. The maternal substance abuse rate per 10,000 births (103.3) for mothers under age 19 was from 20 to 60 percent higher than rates for mothers in other reported age groups.

Implications for Kamehameha Schools

The data suggest that about one quarter of the total adverse reproductive outcomes among births to Hawaiian women for 1986-1999 was linked to maternal substance abuse. These 1,062 cases represented more than half of the total number of the maternal substance abuse cases (1,965) recorded for the entire state during 1986-1999. Note that these findings may be affected by differential tendencies to self report substance use during pregnancy and/or differential rates of selection for testing of Hawaiian women by medical personnel.

As Kamehameha considers new ventures in preventive health and perinatal health education, the data reviewed above suggest a need to focus on

- Encouraging women to initiate prenatal care within the first trimester of pregnancy;
- Examining the lifestyle, aspiration, and socioeconomic factors within the Hawaiian population that are related to maternal substance abuse among women.
- Analyzing the potential hazards, both short term and long term, to unborn babies as a result of maternal substance use and abuse during pregnancy.

Of the three directions, a focus on timely prenatal care may be particularly critical. According to a review of research by the Institute of Medicine (1988), prenatal care is a proven, cost effective means for improving pregnancy outcomes, one that is particularly important for women who are at increased medical or social risk, or both. Also, because of the role of prenatal care in reducing the incidence of potentially universal events such as maternal and infant deaths and low birthweight babies, it serves as an effective focal point for community-wide perinatal education and prevention efforts.

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Christopher Melahn, PhD

PROGRAM EVALUATION & PLANNING DATAREPORT

KAMEHAMEHA SCHOOLS BISHOP ESTATE

Report No. 2000-01: 5 October 2000

Problems Facing Hawaiian Communities: Information from a Telephone Survey Conducted to Inform Kamehameha Schools' Strategic Planning Process

During the strategic planning process conducted by Kamehameha Schools between Fall 1999 and Fall 2000, information was solicited from stakeholders and other interested parties through direct mail to parents and alumni, newspapers, public access television, community meetings, a web site, and via a toll-free telephone line. During Phase I, the first information gathering phase of the planning process, over 1,500 people responded to these requests for information with over 3,000 comments and suggestions. From this input, a set of sixteen strategic issues was identified.

As part of Phase II of the planning effort, Market Trends Pacific, Inc. was hired to conduct a telephone survey of a random sample of Hawaiians and part Hawaiians throughout the state. Questions respondents were asked included identifying problems facing Hawaiian communities and prioritizing the strategic issues. Although many of the survey questions were fixed response, the strategic issues they were based on were identified through a distillation of over 3,000 responses to the Phase I open-ended questions. The survey was designed with a sample size sufficient to generate a confidence interval of ± five percent. However, as noted below, the representativeness of the sample is questionable.

Demographic Characteristics of Respondents

To identify Hawaiian ethnicity, callers first asked, "Are you Hawaiian or part-Hawaiian by ancestry?" If the answer was "no" or "don't know" or a refusal to answer, the caller asked if the household had any adults of Hawaiian ancestry at home with whom the caller could speak. If not, the call was terminated. Ultimately, 2,010 self-identified Hawaiians or part Hawaiians were surveyed.

Table 1 highlights selected demographic characteristics of the respondents. The respondent group was a relatively affluent and educated sample of the Hawaiian population with a median income that was over $10,000 higher than the national median income. The percent of respondents with some college education is comparable to national statistics[1]. These statistics are not consistent with census and large scale sample statistics for the Hawaiian population. Thus, despite the sample size, some question about the representativeness of the sample remains and caution should be exercised in generalizing the results to the Hawaiian population at large.

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[1] **Source of the national statistics is the U.S. Dept. of Commerce's Current Population Survey, Current Population Reports: Population Characteristics, Household and Family Characteristics, March 1998 (Update).**

Table 1. Demographic Characteristics of the Telephone Survey Respondents

Characteristics	O'ahu	Kaua'i	E Hawai'i	W Hawai'i	Maui	Moloka'i	Lāna'i
Average Age	47.57	46.59	47.27	46.62	45.48	46.93	50.92
Median HH Income	$49k	$43k	$34k	$43k	$44k	$37k	$30k
Average HH size	4.32	3.62	3.65	3.83	3.94	4.12	4.2
Percent with "Some College" or more formal education	53	52	47	42	46	51	42
% with children	52	53	49	52	56	60	48
% preschool age	7	6	6	7	7	1	4
% school age	32	34	29	32	32	40	32
% pre and school age	12	13	14	13	17	19	12

The "BIG" Problems

In the first question of the survey, the caller said, "Now I'm going to read you a list of possible problems facing the Hawaiian community. For each one, please tell me if you think it is a problem or not a problem in the Hawaiian community. Let us begin with [issue]. Would you say that it is a big problem, a small problem or not a problem at all in the Hawaiian community?"

The caller then went through the list of 11 possible problems. The order of the problem statements was rotated to eliminate order effects.

Figure 1 identifies the possible problem statements and shows the percentage of respondents who identified each issue as a big problem. The key findings were that

- The issues most frequently mentioned as big problems were affordable housing, drugs and alcohol, lack of jobs paying a living wage, and lack of quality education.
- The lack of quality education generally ranked 4th, perceived as a big problem by 76% of all respondents and between 70 and 80 percent on most islands.

Issues Identified as Highest Priority for Hawaiian Community

Respondents were asked what types of education programs they would make a priority if they were in charge of meeting the educational needs of Hawaiians. The 12 types of programs were drawn from the 16 strategic issues identified in Phase I of the strategic planning process. Table 2 displays the educational program types and the percent of respondents identifying each as one of their one or two highest priorities for the Hawaiian community.

The highest priority was access to quality K-12 educational programs, identified by 47% of respondents as among their top priorities. Second and third, were quality educational experiences for children ages 0-5 and preservation of Hawaiian culture and language, selected by 28 and 26 percent of respondents as among their top priorities. Inclusion of Christian spirituality and moral values and improving the literacy skills of Hawaiians were fourth and fifth, respectively.

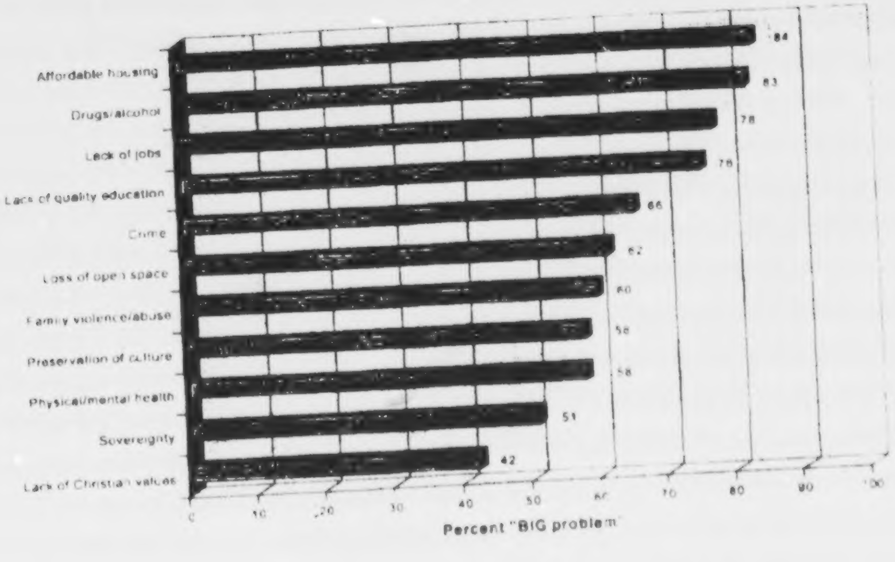

Figure 1. Percentage of Telephone Respondents Identifying Issues as a BIG Problem

Table 2. Respondents' "Highest" Priority Issues for Hawaiian Community.

		O'ahu	Kaua'i	East Hawai'i	West Hawai'i	Maui	Moloka'i	Lāna'i
	%	%	%	%	%	%	%	%
Quality K-12 programs	47	50	44	47	52	43	41	36
Educate children, 0-5 years	28	30	23	29	29	27	31	36
Preserve Hawaiian culture and language	26	22	25	23	27	33	25	32
Include Christian values	17	20	17	16	17	15	24	24
Raise reading & writing skills	17	19	11	18	23	15	11	12
Assist families' involvement in child's education	13	12	15	14	11	12	19	8
Lifelong learning opportunities	12	12	10	12	12	13	8	8
Special Needs people	10	9	15	10	8	11	8	4
Educational enrichment	10	11	11	9	9	9	5	8
Empowering communities	9	9	10	11	7	9	11	0
Learn more about child's development & learning	9	10	10	7	6	11	12	12
Isolated communities' needs	8	7	8	8	8	9	8	16
Don't know	4	2	4	3	6	5	3	8

Totals exceed 100 percent due to multiple responses.

Data Source: *A Study of the Hawaiian Community's Perceptions of Kamehameha Schools*. Market Trends Pacific, Inc., March 31, 2000

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Conclusion

The respondents to this survey identified the most immediate felt needs facing the Hawaiian community today as affordable housing, drugs and alcohol, lack of jobs paying a living wage, and lack of quality education. Within the realm of education, their highest priorities are access to quality K-12 educational opportunities, educational programs for children between the ages 0 and 5 years, the preservation of Hawaiian culture and language, Christian values, and promotion of literacy.

These are areas of emphasis in the recently adopted Kamehameha Schools Strategic Plan and appropriate areas for emphasis by others committed to improving the condition of Hawaiians.

Lori Matsuoka
91-215 Peleiake Place
Kapolei, Hawai' i 96707

March 26, 2002

The Office of Senator Daniel K. Inouye
Prince Kuhio Federal Building, Room 7-212
300 Ala Moana Boulevard
Honolulu, Hawai' i 96850-4975

Dear Senator Daniel Inouye:

About a year ago I was what many people might term a "stay-at-home mother." Abigail, our youngest child, was not yet old enough to attend grade school. My husband, Millard, and I decided that it would be in Abigail's best interest if he worked while I remained at home to care for her.

Although I was able to spend a lot of time with my daughter I often wondered if Abigail might benefit more if she attended a preschool. However, even if I worked the cost of sending her to a regular preschool would have been a financial burden for our family. It would also defeat the purpose of my wanting to be the one to take care of her.

I heard about Keiki O Ka 'Aina Preschool and the HIPPY Program through a friend. It was.like an answer to my prayers. This school would provide Abigail with an environment much like a regular preschool but what was unique about it was that it required each child to be accompanied by at least one parent or care giver. It was a "Parent Participation School." I soon found out that the goal behind Keiki O Ka 'Aina was that it believed that, " the parent is the most important teacher in the life of their child." We are grateful to you, Senator Inouye, and the many individuals who believed in this program's mission. Keiki O Ka 'Aina Preschool became federally funded which allowed Abigail and I to take advantage of this wonderful program which best suited our needs.

Abigail and I started attending Keiki O Ka 'Aina in January of 2001. It provided us with a safe and nurturing environment where I was encouraged to be active in every stage of her learning. This allowed me to see Abigail learn and develop in ways that I probably would not have been able to in a regular preschool setting. Abigail was given opportunities to interact with other children while I developed friendships with other parents and care givers. It was a real "Ohana, or family."

Periodically, guest speakers were invited to share information in their specialized fields such as health, child development, and family intervention. Keiki O Ka 'Aina also was a sight for WIC which is a program that provides subsidies for families that qualify based on their income. Our family has also been able to benefit from the WIC program which I probably would not have otherwise known about if not for Keiki O Ka 'Aina.

A valuable part of Keiki O Ka ʻAina was its focus on Native Hawaiian Education. A creative curriculum was provided for the families where we learned about an important aspect of our lives, our culture, and our heritage.

I could see the benefits of attending Keiki O Ka ʻAina Preschool as not only Abigail's, but my own self-confidence grew. Having previously been a victim of domestic violence it was a major step for me to be out in public. As I became more active in the preschool I felt that I had finally found a place where I was safe, I wasn't being judged, and that I was accepted for who I was. As I continually received encouragement from staff members my self-esteem developed. I branched out and attended conferences on child development and education. I will always be grateful to have been given these special opportunities to become further educated in an area which is important to me, the preservation of family.

My active involvement in Abigail's school soon allowed me to become a part of the organization. I graciously accepted a leadership role in an expanding area of Keiki O Ka ʻAina, our traveling preschools. My staff and I travel to various locations around the island to provide a smaller version of our preschool. We share our experiences with others so that they can recognize the importance of their roles not only as parents and care givers but also as teachers for their children.

Abigail and I were also fortunate to be a part of the HIPPY Program, a home instruction program which allowed me to continue my role as an educator for not only Abigail but my seven year old as well. This allowed me to educate my daughters at home in a more private and relaxed setting. We were provided with materials and books that were used as teaching tools. The girls would look forward to this special time that I would set aside just for them, one of the requirements of HIPPY. It became a quality family time for us. The success rate of the HIPPY Program extends nation wide. HIPPY has already been successful since its introduction to Hawaii.

I am grateful for the life skills I have developed through Keiki O Ka ʻAina. Together, Abigail and I have learned so much about ourselves, about others, our culture, and our world. I strongly believe that the mission of Keiki O Ka ʼAina and the HIPPY Program are invaluable and that many more families should be given the opportunity to benefit from this wonderful experience!

Sincerely,

Lori Matsuoka

Lori Matsuoka
Parent and Educator

Testimony
On
Native Hawaiian Early Childhood
Development, Education and Care
before the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye, Chair
April 5, 2002
DAV Hall, Honolulu Hawai'i

Good Afternoon Chairman,

My name is Leialoha Genieal Kehaulani Ernestburg Jenkins. I was born in Honolulu and reared in Laie from age four. I am of Native Hawaiian and Samoan descent. I am a product of the public school system namely Laie Elementary School and Kahuku High School. I am a mother of five children, one who is a special needs child (Visually impaired). I am also the caregiver for my 16-year-old nephew.

I am here to talk about the Preschool – Special needs and welfare challenges. In 1995 I gave birth to my baby prematurely at 26 weeks of her development. The normal development of an infant is 40 weeks. This baby weighed 2.8oz and was 15 3/4" long. She had retinopathy of prematurity and bronchial pulmonary displasia. I would not be able to take her home until she was 2 months old. At that time she weigh 4.5lbs. She went home for one week and returned to Kapiolani Hospital because her retinas were detaching. Emergency surgery was planned within 24 hours. The surgery was a success however, no one spoke my language to tell me that as a result of saving her retinas she lost her peripheral and main vision. What little she had left would be considered as permanent damage. She is legally blind in her left eye and partially in the right. Bringing her home was another situation. I could not have anybody in the house that was sick. I had to shelter her from everyone. We would get up in the morning, put human fortifier (bacon and eggs) in her milk and warm it up. I would also give her caffeine to make her active so that she would get hungry and thereby eat more food to grow. If she had a cold, I would suction her by putting a tube down her nose and getting it to her lungs to suction out the mucus. If she were wheezing, I would have to administer aerosol treatments to help her lungs stay clear for breathing. This treatment would continue every 3-4 hours.

I was a single mom living on the welfare system with a special needs child and trying to go to school at the same time. Federal Policy level planning doesn't understand the needs of families on the community level especially when it comes families living in a rural community.

- Everything starts with the 24-month count down in the welfare system. As soon as you get close to your 24th month of receiving financial assistance, you are mandated to begin work-related activities. In my case, when I was at the 18 month mark, I was being mandated to begin the "First to Work Program". At the time I was attending college full time and carrying 16 credit hours.

- On top of attending classes and studying, I was forced to attend work-training workshops to comply with Federal regulations. When these work-training workshops conflicted with my school classes, I was not allowed any flexibility to exempt out of the work training classes. I could not replace my school hours as work-study time. I feel that in order to makes the system work better; we need to consider education as important as work training for preparing people to go back to work.

- Education is the foundation to someone's future and is as important or more important as work experience. Education is food for life. If I can be educated, I have a better chance to maintain my family at a higher standard of living than if I had to take low paying positions today without an education.

- Educational time should be able to be used as part of the first 24 hour work training time in order to qualify for welfare benefits. I am in complete agreement that welfare benefits be tied to passing courses at a minimum GPA. (2.0 or higher)

- Problems with transportation and lack of accessible services in the community: When I brought my baby home from the hospital, I had to beg for services to come to my home. I had to justify why the mobile team needed to provide services my child vs. taking my child to a therapy team in a central location in town 25-30 miles away. I was not able to transport my child because she would stop breathing and I would not be aware of the situation until I turned to look at her. This situation was not safe for baby and me.

- State Department Systems don't work together: The Department of Human Service (DHS) income maintenance worker did not get any help for my special needs child when she was born. She did not offer me any services or know of any options for me. Her only concern was to add this new child to the system. She did not refer me to Department of Health (DOH) services or Department of Education (DOE) when my child needed services. The hospital social worker did more than any of the other three branches of government did at the hospital level. My child's transfer information about her (Individual Support Plan) from DOH was not accepted or acknowledged by DOE and the two agencies did not work together even if they where both state agencies. Each blamed the other or referred to the other as the one who was responsible for special needs services for my child. In the long run the client (my child) is the one who suffers.

- Emotional isolation as a single parent of a special needs child: I needed a support system of others that understood the problems and challenges I was going through. With the help of a social worker, I was put in touch with another family who had a special needs child. With that parent, I was able to start a support group for parents of special needs children in my community.

- I could have used a better system of care for me and my child that would have helped me negotiate the system better. I needed a seamless system, a system where departments, agencies and hospitals were willing to work together instead of against each other. Much of what I was able to access was due to my own persistence with the system and trial and error. I went through the phone book to look up all the agencies that dealt with children with disabilities. For example: An income maintenance worker told me why did I apply for social security when I could have gotten financial assistance through Aid to Families with Dependent Children (AFDC).

- We need a better working system for parents with young children, especially if that child has a special need and lives in a rural setting. The "glue" money or money to help get the system working better together would greatly have helped my situation then and even today. This "glue" that I'm referring to, is the safety net we need to help native Hawaiian children have the opportunity to succeed in life.

- I feel that the welfare system does not have a safety net system that is in place and working. We are the pioneers who are trying out the system and amendments are being made at my children and my expense and life. Please correct the welfare system by implementing "Education" as an option to work! Please stop making the system more difficult to live in. Please do away with restrictions on how the first 24 hours of your work plan can be used. Leave some flexibility to the client. I feel that Parents and Children Together (PACT), Family and Child Education (FACE) and literacy programs that teach the parents skills to parenting and helps them with their Graduate Equivalency Degree (GED) are the tools that we need to develop a better functioning home for children to live in. If we enforce programs like these and give the parents options to take this route with education vs. work force, we give the parents the tools they need to succeed in a loving and nurturing environment. Teach them how to fish! Don't give them the fish.

Testimony
on
Native Hawaiian Early Childhood
Development, Education and Care
before the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye, Chair
April 5, 2002
DAV Hall, Honolulu Hawai'i

Good Afternoon Chairman,

My name is Nanea Akau and I am 17 years old. I am a student at Child & Family Service Alternative School, Hale O Ulu. I am here to talk about the importance of preschool.

I grew up in Kalihi and am presently living in Ewa. I will be graduating shortly, this June of 2002.As I was growing up I never had the privilege of going to preschool. When I entered kindergarten I always felt uncomfortable and behind academically. I would never ask questions or raise my hand in class because I was very shy and felt insecure. This has been the case throughout my schooling. I now attended Hale O Ulu School so I can catch up with my credits and graduate on time. I am now much older and wiser from what I used to be. I have more courage now than from what I had before. I found the courage through my friends that I met at Hale O Ulu, and through my job at Jamba Juice. My friends encouraged me to do my best and helped me realize what is more important in life, and Jamba Juice forced me to open up a little more to people with out being shy to answer questions.

I feel that if I had the chance to attend preschool I might have learned to be more confident with the skills I needed to help me keep up with my classmates and be a little more open. I believe preschool will help many children prepare for kindergarten. We all know that when you don't like something the first time your whole outlook on the experience becomes negative. This is exactly what happened to me.

As I got older I learned that I didn't have to go to school and that I could just cut out. I started cutting out in the 7th grade, and in result of that I failed and now I'm struggling to graduate because I want to graduate on time with my class and make my parents proud. They were really frustrated with my brother and me because we were both failing in school. My brother never graduated and they were really disappointed. I saw what both my parents and my brother went through and I don't want to be a problem to my parents and put them through that again.

Preschool can only help children if it's available. So please help support the funding for preschools in Hawaii so that it may prevent other children in the future from having difficulties like I had. Please help create opportunities for the children of Hawaii.

Mahalo for allowing me to share my mana'o.

Testimony
on
Native Hawaiian Early Childhood
Development, Education and Care
before the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye, Chair
April 5, 2002
DAV Hall, Honolulu Hawai`i

Good Afternoon Chairman,

My name is Momi Durand and I am the Executive Director of Keiki o ka 'Aina Preschool Inc. I was a parent who created a small parent participation preschool to serve Hawaiian children and due to funding from the Native Hawaiian Education Act, we are serving more than 400 children and 400 parents per year.

I am here to talk about parent participation programs and the challenges that parents of young children face. Families of our youngest children are among our poorest and most in need of special programs. Keiki o ka 'Aina Preschool serves parents and children through playgroups, take home activities, parenting and other developmental classes. We try our best to address the needs of parents so they can be better parents for their children and to enrich the educational and social environment of young children.

Our parents are so excited about our SAT based kindergarten readiness program that our attendance record is outstanding. Our parenting classes focus on the development of parenting skills that help our parents to focus on being advocates for their children and leaders in the community. They learn the latest in stress reducing techniques, anger management, child development and guidance as well as how to create stimulating environments for their children. Our classes and programs are filled to capacity.

We currently operate 15 sites around the island and have a waiting list for them. There is so much need for more parenting programs that help parents of young chi8ldren as well as playgroups that serve their social and cognitive needs. The latest studies have shown that the mental health of the parents is one of the strongest indicators of the success of children in schools. In order to address this issue, we need programs that help parents to develop coping skills and competence with their children through every stage of their development.

We also hire parents from the community that we are serving. This provides employment opportunities and job training for our people. Our parents are becoming leaders in the educational community and positive role models for other parents.

As we provide these services for our families, agencies such as Ho'owaiwai Nakamali'i have proved to be valuable. Because of their help, we are able to concentrate on the business of implementing our program. When we need help and support, and need to connect with other Hawaiian agencies, we can call on them and they have created a data base for us to access.

There are many Hawaiian programs which make a difference in the lives of children. But I would like to give you a glimpse into the real world. The last week of March was spring break, but our parents at out Nanakuli site were so excited about out parenting classes that they didn't want to cancel it. Instead, they all showed up on the beach, under a tent (since the regular facility wasn't available because of the holiday) and participated in our class. Then, two days later, 6 of those same parents showed up in Waianae for the exact same class on stress. There is a need in the community for programs which serve the whole family, both the children and the parents.

I hope that you will continue to fund these programs which make such a difference in the lives of young children and their families.

Thank you very much for allowing me to express my gratitude for all you have done and for enabling me to share my mana'o.

Momi Durand
Executive Director
Keiki o ka 'Aina Preschool, Inc.

Native Hawaiian Early Childhood Development, Education, and Care

Written Testimony for Committee on Indian Affairs

Respectfully Submitted By: Charman J. Akina, M.D.
Medical Director, Waimanalo Health Center

April 5, 2002

In response to a request from Senator Daniel K. Inouye, Chairman

Native Hawaiian Early Childhood Development, Education, and Care

Early development, education, and care of Native Hawaiian children is poor and deficient when compared to other populations of similar socioeconomic levels within the State of Hawaii. The Native Hawaiian child being targeted is at greater risk in terms of behavior and physical health and of social development mainly because of family dysfunction, increased severity of perinatal risk factors, and poor parenting skills. Statistics pertaining to this problem have not changed for the better (Exhibit A).

To reduce the problem of poor Native Hawaiian early childhood development education and care is not impossible. Non-profit community health centers already are established in areas heavily populated by Native Hawaiians and offer those services required to alleviate this problem. Outreach programs are the missing component to bring together families with children in need and available appropriate health center services. Native Hawaiians do not take advantage of available health resources and social services even when readily accessible. Outreach programs promoting personal health and hygiene, family planning, and parenting skills for respective communities need to reach families with children up to twelve years of age and women of childbearing age. Outreach programs whereby workers go out into their respective communities and schools to further health education and to promote awareness and participation with existing community health center services are not income generating and therefore are rudimentary because of lack of funding. As a consequence, existing facilities that can and will improve Native Hawaiian childhood development, education, and care are not being taken advantage of by respective Native Hawaiian populations being served.

To resolve or diminish the severity of family dysfunction is a very slow and difficult task characterized by poor outcomes. This task becomes even more impractical and unrealistic when there is the immediate need to improve the home environment for children who already exist and are in need of a stable, organized family structure in which there is a warm, nurturing, and loving environment.

To improve prenatal and maternal health requires intensive outreach and patient education pertaining to family planning and perinatal care particularly in schools at the junior high and high school levels. This outreach program must coordinate with an easily accessible "teen" women's clinic and/or an adolescent medicine clinic. In this way the incidence of teenage pregnancies can be minimized and early prenatal care emphasized and established.

Improved Native Hawaiian early childhood development, education, and care beyond the perinatal period is best achieved in preschools, kindergartens, and elementary schools. Because of the prevalence of family dysfunction, children during their formative years (up to 12 years of age) are in need of emotional nurturing and support, cultural identification, and positive adult role models. This can be achieved as demonstrated by the Tu Tangata Program founded in New Zealand by the Maori due to having similar problems particularly with their youth and being introduced to Hawaii by the Queen Emma Foundation and The Queen's Health Systems. Based on the Tu Tangata Program is the Ku I Ka Mana Mentoring Program developed by the Waimanalo Health Center and implemented at the seventh grade level of Waimanalo Elementary and Intermediate School (Exhibit B). This grade level was targeted because social problems were beginning with students at this level. Results of this program include significantly improved school attendance and student performance beginning at the seventh grade level and continuing through the ninth grade. Along with these improvements has been a decrease in social behavior problems (Exhibit C). Similar school based programs have been non-established at other schools because of lack of funding. The Ku I Ka Mana Program services have survived one year to the next on grant monies sought after by the Waimanalo Health Center. It would be ideal for the Ku I Ka Mana Program to begin at the first grade level continuing with the same mentor in each class through the seventh grade level, funding permitting. By grade level seven, children are fixed in their ways and the dye is cast.

Lastly, there is also great need for Native Hawaiian children to learn and comprehend the English language fluently. By this means they will be able to complete their education successfully and be able to survive in the modern world and current economy while preserving their cultural heritage. If during the formative years English is taught as a second language, as is done for immigrants to Hawaii, Native Hawaiian children will be able to learn the English language fluently and as easily as they have been able to learn the Hawaiian language when attending Hawaiian immersion schools.

Respectfully submitted,

Charman J. Akina M.D.
Medical Director,
Waimanalo Health Center

Exhibit A

Hawaiian Keiki Statistics

I. Demographics

A. Source: DOH Vital Statistics (All Births in Hawaii 1995-1999)

	Total	Hawaiian	Percentage Hawaiian
Birth thru 5 years	91,598	32,198	35%

B. Source: DOH Health Surveillance Survey 2001

	Total	Hawaiian	Percentage Hawaiian
Birth thru 5 years	92,100	31,186	34%

Note: Hawaiian children represent approximately 35% of the state population in the under five age group. Two methods used to estimate these population counts are a) tabulating vital records of live births from 1995-1999 and b) the 2001 Annual Health Surveillance Survey of Hawaii Households.

II. Health Data

A. Maternal Child Health Statistics 1998: (Source DOH- Office of Health Status Monitoring)

	Births	Teen Birth Rates	Non-Married Status
Hawaiian	4,504	8.8%	56%
Non-Hawaiian	13,029	2.5%	23.6%
Total	17,533		

	Late Maternal Care	Maternal Risk	Tobacco Use While Pregnant
Hawaiian	32.2%	31.6%	16.9%
Non-Hawaiian	17.7%	24.0%	5.5%

Note: The risks for Hawaiian keiki start at the earliest stages of their lives as indicated by these Maternal Health Risk Factors for the year 1998. Of all women delivering live births in the State, Hawaiian women were at higher risks of experiencing unhealthy births due to late prenatal care, higher use of tobacco during pregnancy, having health problems such as hypertension, elevated blood sugar, obesity, diabetes, being unmarried and a teen. Trend data indicate that these risk factors have been relatively consistent over the past decade.

B. Child Not Covered by Health Insurance (Source DOH Health Surveillance 2001)

Hawaiian	3,073
Non-Hawaiian	7,905
Total	10,978
Percent Hawaiian	**28%**

C. **Children With Asthma** (Source DOH – Health Surveillance 2000)

All Children w/ Asthma	38,112
Total Children in State	291,070
% Children w/ Asthma	13 %
Total Hawn Children	101,682
Hawn Children w/ Asthma	17,884
% Hawn w/ Asthma	18 %
Hawaiian w/ Asthma	17,884
Non-Hawn w/ Asthma	20,228
Total Children w/ Asthma	38,112
% Hawn	47 %

Note: Poor children are most vulnerable to asthma, a condition that negatively impacts academic achievement and self-esteem. Asthmatic children require more doctor and emergency room visits and use more medications. Hawaiian children represent nearly half of all children affected by asthma in Hawaii. The disease is most prevalent in the birth through five age group. (HHIC Asthma Discharges by Age Group 5/00) Of particular concern is the lack of access to critical health care for an estimated 10,978 children in the state without health insurance coverage, 28% of whom are Hawaiian.

D. Hawaiian Adolescent ATOD Use

(Source: DOH, Ka Leo O Na Keiki, 2000 Hawaii Student ATOD Use Survey
All data represent percentages)

8th Graders	**Hawaiian**	**Statewide**
Smoking Cigarettes in the Past Month	16.3	12.1
Drinking Alcohol in Past Month	32.3	22.1
Drinking alcohol Daily in Past Month	3.5	1.6
Using Marijuana in Past Month	17.1	8.9
Needing Treatment for ATOD	14.4	7.6
10th Graders		
Smoking Cigarettes in the Past Month	21.4	16.6
Drinking Alcohol in Past Month	41.1	32.5
Drinking alcohol Daily in Past Month	2.9	2.4
Using Marijuana in Past Month	28.0	17.2
Needing Treatment for ATOD	26.4	18.4
12th Graders		
Smoking Cigarettes in the Past Month	24.2	22.6
Drinking Alcohol in Past Month	45.2	43.2
Drinking alcohol Daily in Past Month	6.1	3.5
Using Marijuana in Past Month	31.3	22.7
Needing Treatment for ATOD	37.3	27.0

Note: More Hawaiian children begin use of alcohol, tobacco and other drugs at an earlier stage of their development, (middle school) and increase their consumption over time. By the time they are seniors in high school nearly 37% of the Hawaiian students require treatment for some form of ATOD use.

E. Risk & Protective Factors

(Source: DOH, Ka Leo O Na Keiki, 2000 Hawaii Student ATOD Use Survey
All data represent percentages)

	RISK & PROTECTIVE FACTORS, 2000	Hawaiian	Statewide
Community Domain	**Risk Factors**		
	Low Neighborhood Attachment	36.7	38.3
	Community Disorganization	48.3	43.4
	Transition & Mobility	43.4	42.5
	Exposure to Community ATOD Use	40.1	38.6
	Laws & Norms Favorable to ATOD Use	57.3	43.3
	Perceived Availability of Drugs & Handguns	40.6	41.9
	Ability to Purchase Alcohol or Tobacco	16.2	13.4
	Protective Factors		
	Community Opportunities for Positive Involvement	44.5	43.6
	Community Rewards for Positive Involvement	50.5	45.3
Family Domain	**Risk Factors**		
	Poor Family Supervision	45.0	46.1
	Family Conflict	44.2	41.2
	Lack of Parental Sanctions for ATOD Use	43.4	36.8
	Parental Attitudes Favorable Toward ATOD Use	31.3	25.8
	Exposure to Family ATOD Use	51.8	45.5
	Parental Attitudes Favorable toward ASB	42.9	37.9
	Family (Sibling) History of ASB	51.9	40.5
	Protective Factors		
	Family Attachment	47.7	46.0
	Family Opportunities for Positive Involvement	37.9	33.7
	Family Rewards for Positive Involvement	47.5	42.6
School Domain	**Risk Factors**		
	Low School Commitment	49.1	46.0
	Poor Academic Performance	53.3	44.6
	Protective Factors		
	School Opportunities for Positive Involvement	46.5	43.7
	School Rewards for Positive Involvement	45.0	42.4

(Table continued on next page)

	RISK & PROTECTIVE FACTORS, 2000	Hawaiian	Statewide
Peer-Individual Domain	**Risk Factors**		
	Early Initiation of Problem Behaviors	51.8	40.5
	Favorable Attitudes Toward ATOD Use	37.0	32.9
	Low Perceived Risk of ATOD Use	47.7	44.1
	Antisocial Behaviors (ASBs)	29.1	21.2
	Favorable Attitudes Toward ASB	39.4	39.5
	Friends' ATOD Use	50.4	41.4
	Interaction with Antisocial Peers	50.0	40.7
	Rewards for Antisocial Involvemen	47.1	43.2
	Rebelliousness	37.7	32.4
	Sensation Seeking	50.3	43.8
	Gang Involvement	25.1	19.4
	Depression	49.6	45.7
	Protective Factors		
	Peer Disapproval of ATOD Use	46.2	53.2
	Religiosity	39.9	40.7
	Belief in the Moral Order	42.5	45.5
	Educational Aspirations	32.7	44.0
Indexes	**Risk Factor Index**		
	Low Risk (0to 10 Risk Factors)	46.2	54.8
	Moderate Risk (11to 17 Risk Factors)	31.4	29.1
	High Risk (18 to 28 Risk Factors)	22.4	16.1
	Protective Factor Index		
	Low Protection (0 to 5 Protective Factors)	59.3	60.3
	Moderate Protection (6 to 8 Protective Factors)	31.5	29.4
	High Protection (9 to 11 Protective Factors	9.2	10.3

Note: Research has shown alcohol and drug problems to be highly correlated with certain "risk" factors, which can be measured. Likewise there are protective factors which act as a buffer against the risk factors, by improving coping, adaptation and competence. Hawaiian children are at higher risk of developing ATOD problems than the average adolescent in the state, as they experience more risk factors (family & friends use of ATOD, poor academic performance, interaction with anti-social peers, lack of parental sanctions against ATOD use, etc). Hawaiian children experience a similar number of protective factors as other adolescents in the state, but in general all of Hawaii's children need increased protection against ATOD.

III. Economic & Social Well-being Data

A. **Public Assistance Counts as of 2/21/2001** (Source: Dept of Human Services, Management Services Office)

	TANF/TANOF	Medquest	Foodstamps
Hawaiian	11,487	5,389	14,009
Non-Hawn	28,821	16,469	35,210
Total	40,308	21,858	49,291
% Hawn	**28.5%**	**24.6%**	**39.8%**

B. **Household Income Ranges** -- (Source: Health Surveillance Survey 2001)

	<$20,000	$20-39,999	$40-59,999	60,000+
Hawaiian	23.7%	24.2%	18.5%	33.7%
Non-Hawn	18.4%	25.6%	20.0%	36.0%
Total	19.2%	25.4%	19.7%	35.7%

Note: Hawaiian families in general have lower household incomes than other ethnic households in the state. They are over-represented in households that qualify for public assistance programs such as TANF, Medquest & Foodstamps, which meet federal poverty level standards.

C. **Confirmed Child Abuse & Neglect: 1997 – 98** (Source: Dept of Human Services, Management Services Office)

	1997	1998
Hawaiian	988	843
Non-Hawn	1,543	1,399
Total	2531	2,242
% Hawn	**39 %**	**38 %**
Under 5 years old	952	837
Total – all ages	2,531	2,242
% under 5 years	**38 %**	**37 %**

Note: Hawaiian children are over represented as victims of Child Abuse & Neglect. Children under the age of 5 are most vulnerable to CAN, and are also over represented in this category. The DHS data reveal that the typical profile of a CAN victim is a Hawaiian, female child, under the age of 7. The majority of perpetrators are biological parents, most often female, between the ages of 30-39 years.

D. **Education level of Household Members over 18 years old.** (Source: DOH-Health Surveillance Survey 2001)

	Elem	**Some HS**	**HS Grad**	**Some College**	**College Grad**
Hawaiian	1.4%	7.1%	51.5%	23.6%	**14.8%**
Non-Hawn	3.5%	3.6%	33.6%	24.8%	31.4%
Total	3.1%	4.3%	36.9%	24.6%	28.3%

Note: Most of the survey respondents report that Hawaiian adults living in their household have at least a High School Diploma or equivalent, and have gone on to obtain some college or technical school training. However, compared to other ethnic groups, Hawaiian adults have not completed their college education to the point of receiving a degree.

Exhibit B

Excerpt taken from background and summary of Ku I Ka Mana grant application

Recognizing that making healthy behavior choices is essential to improved health outcomes and reduced morbidity and mortality, Waimanalo Health Center (WHC) believes in supporting the community to enable healthy behavior choices. The Waimanalo Elementary and Intermediate School (WEIS) and the WHC maintain a close working relationship with several joint programs implemented over the last five years, including The Ku I Ka Mana (mentoring) Program. This program promotes healthy behavior choices for children and their parents, including substance abuse prevention. WHC developed and implemented this mentorship program for the seventh and eighth grade students at WEIS.

Completing its second year of operation, Ku I Ka Mana provides culturally based individual and group mentoring by positive role models, *Makua* and *Kupuna*, from the community. *Makua* and *Kupuna* have been trained by in Native Hawaiian traditions and values and in mentoring and support techniques by Kumu Hula and cultural healer Kawaikapuokalani Hewett. Mentors are on site in the classrooms assisting students at the Pu'uhonua (Place of Refuge) during the school day, as well as before and after school, when individual mentoring provides consistent guidance to youth through activities that build life skills, social competency, self-esteem, self-discipline, and positive thinking. Ku I Ka Mana, "I am a reflection of what you fed me," is a copyrighted program exclusive to WHC.

Need
Native Hawaiians have the highest incidence per capita of morbidity and mortality, incarceration, youth crime, substance abuse, and high school dropouts. Low socioeconomic status and minority ethnicity often present barriers to access and utilization of medical and behavioral health services, as well as education and role-modeling for healthy behavior choices. The risk factors identified as conditions that increase the likelihood that a young person will develop one or more behavior problems, such as substance abuse (Substance Abuse Prevention Plan, 1994-97), are prevalent in Waimanalo and other communities with a higher Native Hawaiian and minority population:

"*Substance abuse continues to be a dark cloud. In hard economic times, so many of our community's people find refuge in drugs/alcohol/tobacco. In school, we teach our students the negative effects of drugs/alcohol/tobacco: They know they shouldn't, but they see their family doing it. Several of our students have confided in us that they dare not contradict the practice of family members for fear of "getting it." M. Holokai, Principal, Waimanalo Elementary and Intermediate School.* (January, 1999)

The foundation of benchmark prevention programs, such as the Preparing for the Drug-Free Years Curriculum Program (PDFY) are often social development models that hypothesize that strong bonding to those in prosocial groups reduces the probability of delinquency and substance abuse. Bonding to a social group like the family is hypothesized to result from a protective process involving three factors: child involvement with the family, the child's interactive and problem solving skills, and rewards and punishments from parents when family expectations are not met. Key to this model is family involvement. However, children most in need, the target populations, may come from families with peripheral and/or dysfunctional involvement. These children can benefit from identifying and developing a strong bond with a similar prosocial group – the Ku I Ka Mana mentors. The philosophy of the Ku I Ka Mana Program is similar, and is grounded in nurturing Native Hawaiian traditions and values.

The target population for the proposed service, Ku I Ka Mana Mentoring Program, are Native Hawaiian youth in the seventh grade, as these developmental years are highly transitional which increases risk but are still more open to adult guidance than during the high school years.

It is important that activities targeting youth not to be stigmatized by participation in Ku I Ka Mana. The program is an established service for all seventh graders, not exclusively Native Hawaiian and not exclusively for teacher-selected youth. A Makua or Kupuna (mentor) is present in every homeroom class, attends classes and provides student-focused support before, during, and after classes during the school day.

Goals/Outcomes

The goal of this program is to enable children to make healthy behavior choices. This includes the reduction of substance use and abuse among Native Hawaiian youth and reduction of risky behaviors, which often accompany substance use and abuse. The defined goals of the Ku I Ka Mana Program are as follows:

- *Hanai I ke Alo*, positive role modeling and responsibility, is the basis of the program. Makua and Kupuna (mentors) teach by example such values as *aloha aku* – giving, love, *mai olelo ino*- not talking bad to each other, *akahai*- modesty, and *aloha ke kahi i ke kahi*- respect for self and respect for others.
- *Kumu Ohana*, community empowerment, perhaps the most challenging objective, strives to enlist the support of the child's parents and significant family members, through evening sessions and child-parent-mentor events.
- *Pu'uhonua and Hilina'i*, safe haven and trust, whereby Makua and Kupuna develop a rapport, a supportive relationship within a trusting environment and safe physical space, where role-modeling, educational support, and mentoring take place.

Measurable outcomes for the Ku I Ka Mana last year were as follows:

- Increased sense of student self worth
- Increased knowledge of healthy behavior choices
- Increased social competence
- Increased school attendance
- Increased student and parent participation in school/ Ku I Ka Mana activities

- Decreased number of office referrals for misbehavior
- Classroom behavior and assignment completion averages
- Increased alternative activities

Outcomes for Ku I Ka Mana in 1998 demonstrated modest to significant improvement in all these areas. Most significant was the decrease in office referrals, down 65% for the same group of students compared to their rate the year before participation in Ku I Ka Mana. Youth participation in Ku I Ka Mana activities outside of the immediate classroom approached 60%, which translates to 144 students who benefited from a consistent mentoring relationship throughout the school year.

Exhibit C

Waimanalo Health Center's
Ku I Ka Mana Program

From: **Helene K. Mattos, Ku I Ka Mana Program Coordinator**
RE: **Ku I Ka Mana Program**

Our Ku I Ka Mana Mentoring Program is part of a Native Hawaiian Mentoring Initiative currently funded by federal monies from the State Department of Health's Alcohol and Drug Abuse Division. We are currently in our third year of funding with one last year in the grant before us.

Our Mission statement is: **Our Mentored youth will become healthy, contributing citizens of their community.**

Our performance targets or outcomes are: **(1) Our students will make healthy lifestyle choices against the use of alcohol and drugs; demonstrate gains in personal development and demonstrate improvement in responsible school behavior after participation in Ku I Ka Mana. (2) Students will successfully complete 7th grade. (3) Teachers will report that Ku I Ka Mana improves student behavior.**

Our teachers report positively about our value in being in their classrooms to assist students and the extra curricular activities we provide for the students. We have successfully bonded with a majority of our students and they readily request assistance within the classroom setting. I believe that most of our students respect us and accept our involvement in their lives.

Too many of our students are behind in their academic potential or grade level in reading skills, math skills, high order of thinking skills and social skills. Many of our students live in environments that are less nurturing, supportive, and "skilled" in caring for their growth and development. Our school environment also needs much attention in developing a healthier, safe environment for our students. These are areas of concern and hopefully, as a community in partnership with our school will one day jointly address.

Aloha,

Helene K. Mattos

MIKE FITZGERALD TESTIMONY

Mr. Chairman, Delegation members, ladies and gentleman my name is Mike Fitzgerald, I am the President and CEO of Enterprise Honolulu, a non-profit 501C3 economic development corporation, formerly named the Oahu Economic Development Board. Background on our goals, strategy, board members and investors is included in the testimony I've submitted.

My purpose here today is to assure you, Mr. Chairman, and the other members of the Hawaiian Congressional Delegation, that we are committed to work in a non-partisan way for the economic diversification of Oahu and to assist our neighbor islands to help locate globally competitive businesses here that will provide good paying jobs for our citizens. The welfare and education of the children of these islands are the validation of the future of Hawaii. If we educate and nurture children well, they will create a positive future.

We know that economic development, business, and jobs are not the end purpose, but only one of the means to achieve a good quality of life. We also know if people don't have good paying jobs, if they have to work at more than one job or several members of the family have to work to provide adequate income for the basic necessities, then the children of the family suffer because of the parents absence and stress of inadequate resources.

One of the basic foundations for early childhood and K–12 education is consistent and focused parental involvement and support for their children. This combined with culturally sensitive teachers, quality schools and real community support is what creates well educated, socially adept successful students.

If parents are forced to work several jobs to provide basic necessities they are less able to provide a calm, nurturing, and stress free home environment. I'm sure you are all aware, that when people can't find or don't have the qualifications to get good paying jobs, the incidence of alcohol, drug, spouse and child abuse is more likely to increase.

So, we want to assure you that EH is not in existence to help a few rich people get richer, we are dedicated to helping improve the economy by economic diversification and good paying jobs for the benefit of the citizens that live here. We know the history of these islands and we therefore determined that the quality of development we support and encourage is sensitive to the history, society and culture here.

In conclusion, I want to assure you that we are committed to building a partnership here of government, business, education, university, and citizen leaders who will create self-determined, self-directed economic diversification that doesn't harm the environment and the culture and does help provide the foundation for a civil, safe, equitable and generally prosperous society.

We believe that the process of sustainable development that has been pioneered in many places throughout the world along with the considerable land, ocean, technology assets and dedicated people of these islands offers the possibility for Hawaii to become a world model of a sustainable economy, culture and society that can demonstrate how to create a new balance and harmony which preserves the environment, the culture and creates general economic prosperity for the citizens of these islands. This is our goal. How we intend to do this is outlined in the documents we've submitted.

Thank you for allowing me to testify.

ECONOMIC DEVELOPMENT
ISLAND OF OAHU

Enterprise Honolulu

Vision:

Honolulu is a regional leader in knowledge-based jobs, leading edge technology and competitive enterprises in traditional and new businesses in the 21st century.

Goals:

- Globally competitive enterprises
- Good paying jobs for Hawaii's citizens
- High quality communities and environment

Strategies:

I. Business Development (Sectors)

- Retention
- Entrepreneurship
- Targeted recruitment
- Marketing - national and international
- Research & web site linkages

II. Capacity Development

- Team building (Business–Government–Education-Unions)
- Partnerships & alliances
- Tech R & D commercialization
- Infrastructure

III. Policy Development

- Business Climate
- Workforce/Education
- Competitive investment & job creation incentives
- Balanced taxation and streamlined permitting
- Sustainable benchmarks

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  - Educational
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- Film and Television
- Education
  - Post Secondary
  - International Executive Training
  - Professional Advisory Services/Pacific Rim
- Business Services
  - Captive Insurance
- Manufacturing
- Astronomy and Space Science
- Niche Markets
  - Apparel/Tropic Clothing
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Strategic Pathway to Local Prosperity and Global Prominence

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- First Hawaiian Bank
- Harold K. L. Castle Foundation
- Hawaii Pacific Health
- Hawaiian Electric Industries, Inc.
- University of Hawaii

Other Investors

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- The MacNaughton Group
- The Pacific Resource Partnership
- University of Phoenix
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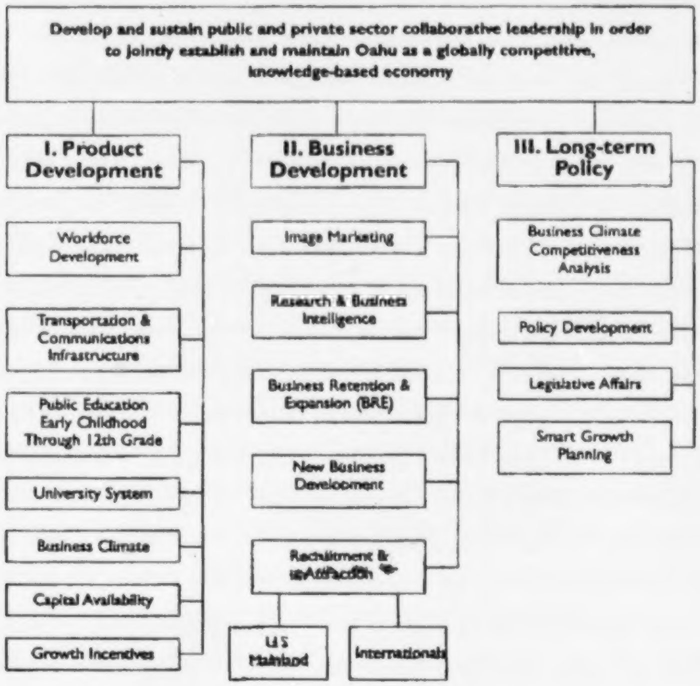
THE DELIVERY SYSTEM: TEAM OAHU


Develop and sustain public and private sector collaborative leadership in order to jointly establish and maintain Oahu as a globally competitive, knowledge-based economy
I. Product Development
Workforce Development
Transportation & Communications Infrastructure
Public Education Early Childhood Through 12th Grade
University System
Business Climate
Capital Availability
Growth Incentives
II. Business Development
Image Marketing
Research & Business Intelligence
Business Retention & Expansion (BRE)
New Business Development
Recruitment & Attraction
U.S Mainland
International
III. Long-term Policy
Business Climate Competitiveness Analysis
Policy Development
Legislative Affairs
Smart Growth Planning

ENTERPRISE
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Target 2005
Business Plan

EXECUTIVE SUMMARY

Mission

To be the private sector's driving source of collaborative leadership in sustaining a professional, globally competitive, economic development delivery system which leverages the strengths of the private and public sectors to establish Oahu as a world-recognized location to grow businesses, attract smart capital investment and create quality jobs.

Oahu holds great promise and opportunity as one of the most diverse and quality places to operate a business, live and work. Several key competitive strengths, including a loyal and dedicated workforce, ethnic diversity and language skills, strategic global location and time zone, pristine environment, and established telecommunications infrastructure are a few of Oahu's key assets for growth.

There is a shared sense of urgency among community leaders to leverage these assets to stimulate economic development through a new nationally competitive economic development organization, dedicated to coordinating Oahu's efforts to retain, expand and attract business to Oahu from targeted opportunities worldwide. That organization is a reinvented Oahu Economic Development Board—a newly named Enterprise Honolulu.

While Oahu is widely recognized as one of the world's premiere visitor destinations, its strengths as a place to operate a business are not competitively marketed outside the area. Moreover, Oahu's business challenges (real and perceived) are widely acknowledged and continue to generate damaging negative national media. And, in spite of the current upswing in the economy, Oahu has not achieved the economic structural changes needed to diversify its economy in order to sustain prosperity in the future.

Since most companies can select any number of communities in which to continue or expand existing operations, or establish new operations, they have become efficient and sophisticated in the site selection process. Unprepared markets have little chance to succeed, regardless of their strengths. Locally, existing businesses that already contribute to Oahu's tax base and create the majority of new jobs lack a comprehensive support system to ensure retention and assistance with expansion. And, externally, continued absence of image marketing, along with systems that ensure quick and accurate response to site selection decision-makers, means Oahu will remain off the radar screen as a place to locate a new business.

New Leadership for a New Economy

Given these circumstances, there is a heightened level of passion and understanding that business development requires a professional, competitive and sustained public/private partnership with strong vision, focus and resources. World-wide, regions successfully competing in the global market place have marshaled their resources for just this purpose. Oahu will benefit by learning from and leveraging their success.

At present, there are several organizations providing various economic development services on Oahu. Oahu's ability to compete successfully in the New Economy will be greatly strengthened by articulating and pursuing an agreed upon economic development agenda while strategically coordinating these existing programs as part of a larger, unified effort.

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Five Year Goals

Over the next five years, Enterprise Honolulu will be the catalyst for melding private sector leadership with the public sector and other partners to leverage the assets of our community to accomplish the following:

- **Overall increase in employment of 50,000 net new jobs**
- **Five billion dollars in private capital investment**
- **500 new businesses**
- **Recognition globally as a top tier New Economy enterprise community**
- **Expansion Management Magazine's Top 20 business attraction rating for:**
  - **Business climate**
  - **Workforce quality**
  - **Incentive programs**
  - **Ease of working with local officials**

Finally, Oahu's private-sector leadership recognizes that the business community must initiate a process for building trust between the various companies and agencies (both public and private) that make up the tapestry of Oahu's economic development community. Recently Enterprise Honolulu engaged the services of James McGraw, Jr., Managing Partner, KMK Consulting to assist with a consensus building and planning effort. Through this process Enterprise Honolulu has evolved to a new level with a business plan recrafted with input from Oahu's public and private sector leadership whose names are listed in Appendix I. With this new level of commitment, Enterprise Honolulu has refined its mission to move forward with a new more focused and accountable agenda for Oahu's sustained economic prosperity. **Target 2005** is this agenda.

New Structure for a New Economy

Enterprise Honolulu's mission prioritizes *collaborative leadership as the most critical element in the formula for realizing and sustaining any meaningful economic success for Oahu.* With committed collaborative leadership as our beacon, Oahu will have laid the foundation for the **Team Oahu** delivery system necessary to achieve the long-term goals of **Target 2005**. To achieve this new structure, Enterprise Honolulu will:

- Build consensus and commitment among Oahu's economic stakeholders, both public and private, on the actions necessary to coordinate and enhance Oahu's future economic development
- Build an economic development organization which excels at providing accurate, timely and effective client service through a single point of contact
- Establish an image locally, nationally and globally that Oahu is a competitive environment for growing business, attracting investment and creating jobs
- Implement a proactive business development program focusing on retention, expansion and attraction of business

Enterprise Honolulu will take an aggressive but incremental approach to fulfilling its mission. Hiring a world-class economic development professional to lead the effort, hiring of professional support staff, establishing office support technology and operations, initiating the start-up of the retention and expansion program, initiating research and business intelligence data collection and building strategic alliances will be immediate priorities.

Achieving these goals is only possible when the leadership of the community establishes a solid infrastructure of trust and delivery capacity. During the five-year process, some of the Enterprise Honolulu core strategies discussed below will produce measurable outcomes within a short time while others may require years of effort to complete. Through Enterprise Honolulu's Board of Directors and its Advisory Council, initial leadership is in place with a firm willpower and focus to forge the pathway to success.

FIVE-YEAR CORE STRATEGIC PRIORITIES

Private Sector Leadership
To continually support opportunities that engage Oahu's business community leadership in the effort to enhance and sustain the economic development delivery system of Oahu and Hawaii.

Business Development
To establish private-sector, fully staffed, professional, pro-active programs that target:

1. Retention and expansion of our local businesses
2. Research and business intelligence
3. New business creation
4. Recruitment and attraction of business and investment
   - U.S. Mainland
   - International

Image Marketing
To enhance the brand management of Oahu and the State

Public/Private Partnerships
To continuously strengthen the cooperation and collaboration of business, government, and labor and continuously enrich the trust and coordination of economic development organizations throughout Hawaii.

Outcomes based-Performance Tracking
To develop and manage a performance measures tracking system that is focused and provides accountability to Enterprise Honolulu investors and the community

Competitive Strengths	Competitive Challenges
Loyal workforce	Shortage of labor
Public and private university system	Recession recovery
Civic leadership	Lack of venture capital
Infrastructure	Cost of living
Strategic global location, time zone	Brain drain
Technology	Lack of business friendly attitudes
Bio-science environment	Lack of economic diversity
Weather, [illegible]	Need to improve public education
Hawaii Convention Center	Onerous regulations
Philanthropic tradition	Burdensome taxation
Knowledge base of Hawaii [illegible] visitors	Lack of effective economic development programs and systems
Ethnic diversity and language skills	Fragmented economic information sources
Aloha spirit	Tendency to look to government for solutions
	Lack of image marketing
	Ranked 105th in INC Magazine's cities to start-up business

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PRIVATE SECTOR LEADERSHIP

Establish Enterprise Honolulu as the lead private-sector coordinating organization to enhance the economic development delivery system of Oahu.

KEY STRATEGIES:

Governance: Establish a two-tiered governance structure to provide for senior executive participation and a broadened base for Board membership.

- *Advisory Council:* engage the Hawaii Business Roundtable and Oahu's senior executive leadership to support and evaluate Enterprise Honolulu and to initiate, grow and sustain the public-private partnerships needed to maximize the **Team Oahu** delivery system
- *Operating Board:* determines policy and guides program implementation in areas of:
  - Research and business intelligence
  - Retention and expansion
  - New business development
  - Recruitment and attraction—U.S. Mainland
  - Recruitment and attraction—International
  - Image marketing
  - Performance Tracking

Investor Development: Convert volunteer participants to committed investors.

- Engage Oahu's broader business community to participate in:
  - Retention/expansion survey process
  - Strategic cluster identification
  - Providing business prospect leads to Enterprise Honolulu
  - Business attraction Ambassador Program
  - Inaugural and ongoing Economic Summit process
- Educate business community about Enterprise Honolulu and its role in Oahu's delivery system for economic development
- Secure adequate multi-year financial support to implement **Target 2005** business plan

Administration: Excel at providing effective, skilled and professional client service.

- Executive leadership: hire world-class economic development professional as Enterprise Honolulu President and CEO
- Staff: hire professional staff to implement business plan

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BUSINESS RETENTION AND EXPANSION

Ensure that existing Oahu companies remain competitive in the region and that their growth is accelerated whenever possible.

Businesses currently operating need to feel every bit as welcome and important as new businesses attracted to Oahu. This becomes especially compelling with the knowledge that existing businesses generate up to 80% percent of all new jobs created nationally. As a result, economic development strategies across the U.S. are changing. In a recent report, *Economic Competitiveness in the Global Marketplace*, released by the National Governor's Association, it was noted that states are making a subtle but strategic shift in their approach to economic development. Instead of solely focusing on building a business climate to attract new industry, states are increasingly pursuing strategies to assist existing large and small businesses to become more competitive because:

- Successful existing companies create the majority of new jobs
- Existing companies, many of which are planning to expand, are already providing employment and tax dollars to the community
- Successful and expanding existing businesses "create the case" for attracting new business
- The attitude of the local community toward its existing businesses is as important in location decisions as economic considerations or physical amenities
- A Business Retention and Expansion (BRE) Program shows that local government is vitally concerned with the needs of its business community
- Local company owners/managers who are convinced that their community is a good place to conduct business become "ambassadors" to prospective firms

A number of mainland regions have developed sophisticated retention and expansion programs, which produce significant outcomes in terms of job creation and capital investment. No such program exists on Oahu. Therefore, Enterprise Honolulu will launch a BRE program to provide assistance to Oahu's small and large companies to ensure that these companies remain competitive on Oahu and that their growth is accelerated whenever possible.

Business Outreach Program

While myriad studies on Oahu's economy exist, none is designed that will provide the Enterprise Honolulu with comprehensive data on the wants, needs and perceptions of industry on Oahu. The design of the first year survey is critical to establish a baseline for future annual surveys. The analysis of this information will become the basis for establishing programs that will improve the operating environment for local industry. The program also establishes ongoing communication between business, government and local community leaders.

KEY STRATEGIES:

Conduct a *Survey of Business on Oahu* to attain key data on:

- Annual sales and other industry demographics
- Evaluation of community as a place to do business
- Determination of "living wage" for Oahu
- Increased/decreased employment over last year
- Satisfaction with community services (water, sewer, roads, electricity, permits, schools, etc.)
- Markets served—local, national, international
- Competitive competencies (integration of technology)
- Anticipated changes (expansion, relocation, reduction or increase in number of employees)
- International business activity
- Labor force issues—training and recruitment needs
- Most significant threats to expansion and retention of businesses

Build and maintain industry database as a resource

Develop an "early warning profile" for businesses at-risk of closing or leaving

Early Warning Profile for At-Risk Business

- Declining sales/declining employment
- Obsolete or land-locked facility
- Non-local corporate ownership
- Location in problem neighborhood
- Recent ownership change
- Older product lines/production technology
- Lease of property
- Contentious labor/management relations
- Other facilities producing same product or service
- Lack of export/international focus
- Negative attitudes about the community
- Family-owned firm/aging owner/no succession plans
- Facility and site expansion plans
- Unbearable regulatory burdens
- Gradual corporate downsizing over time
- Union contract expirations
- Relocation of top managers and corporate offices to another location
- Expanding employment/expanding sales
- Loss of long-standing supplier contracts

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Provide critical services to retain and expand Oahu's businesses in the areas of:

- Finance
- Employee training/recruiting
- Research
- Incentives
- Technology
- Government (permitting, etc.)
- International trade

Business Volunteer Program: to recruit and train private-sector volunteers from Enterprise Honolulu investors and other private sector economic development partners to collect survey data through personal interviews in order to:

- Say "Thank You" and let our companies know that they are appreciated
- Identify any needs or concerns the company may have
- Identify at-risk businesses which may need immediate assistance

Government to Business Visitation Program: to strengthen the relationship between local government and the business community.

- Address and resolve issues that will create a better climate for business to operate and expand
- Educate government about business needs
- Use private and public resources more effectively
- Demonstrate government appreciation to business for adding to the local economic base

18-MONTH OUTCOMES

- 750 surveys completed
- 75 outreach volunteers trained
- 200 businesses visited by government agency personnel
- 5000 copies of the *Survey of Business on Oahu* distributed
- Key strategic alliances established with public and private partners

BENCHMARKS

- # of expansion projects created
- $ increase in tax base
- $ increase in payroll
- # of businesses served
- # of jobs saved
- # of jobs created
- # of new square footage occupied
- $ increase in capital invested

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RESEARCH AND BUSINESS INTELLIGENCE

Enterprise Honolulu's business attraction program will involve developing the systems for intake and qualification of prospects, the response system to inquiries, and an economic development tool kit. There has been much discussion in the economic development industry about trying to standardize, at least categorically, the types of information that economic development organizations will have on hand for developing responses to site selection consultants and others relative to this business attraction process.

As Enterprise Honolulu's Target 2005 business plan becomes implemented along with the research component of the organization, each category will be built out using a specific set of indicators, which is also becoming more standardized in the economic development industry. In more and more communities this information is being maintained in a fashion that can be retrieved directly by the site selection consultant through the economic development organization's web site. These data sets can be assembled either directly or through collaborative partners such as the University of Hawaii and DBEDT.

KEY STRATEGIES:

Assemble and standardize the types of information Enterprise Honolulu will have on hand (including development of its website) in order to:

- Answer site selection inquiries efficiently and effectively with pertinent data
- Strategically market Oahu
- Chart economic and industrial changes and restructuring trends within targeted industry clusters
- Identify the types of jobs being created, required skills, and education levels
- Determine relevance of Oahu economic development programs to future business trends and needs
- Evaluate Oahu's own particular strengths and weaknesses

Refine Oahu's list of industry clusters to target those with greatest opportunity:

- Biotechnology
- Higher education
- Defense
- Manufacturing
- Telecommunications/technology (includes call centers)
- Diversified agriculture (includes marine fisheries technology)
- Health care and wellness
- Professional services
- Tourism (includes film, sports and entertainment)

Determination of what constitutes a "living wage" for Oahu

Develop data base of location advisors and corporate real estate executives

BENCHMARKS:

- Quality of collaborative relationship established with University of Hawaii and DBEDT to assist with development and maintenance of data bases
- Number of businesses identified in each cluster as targets for tracking by Team Oahu
- # of business research inquiries from and responses to existing Oahu businesses
- Recognition by national research organizations for excellence in business intelligence

NEW BUSINESS CREATION

Assist Oahu's existing entrepreneurs to create new businesses and jobs.

KEY STRATEGIES:

- Promote innovation and commercialization of new technologies in collaboration with the University of Hawaii, the Hawaii Manufacturers Extension Partnership, the Hawaii Technology Trade Association and other partners
- Assist companies in raising investment capital by assuring that a clearing house and communication structure is built effectively and supported by Enterprise Honolulu
- Support Venture Capital forums which focus on Oahu start-ups and encourage the creation of new venture capital services
- Support local incubators to enhance their impact and success
- Participate in and support New Economy initiatives and organizations, such as the Manoa Innovation Center, which promote the development and acceleration of e-commerce business start-ups
- Partner with DBEDT's Business Action Center to provide a more comprehensive new business start-up delivery system

BENCHMARKS:

# of new business inquiries and services rendered

# of new business filings

# of new jobs

$ in new payroll

$ in new tax base

$ in new capital investment

$ of venture capital created on Oahu

# of incubator performance reports

# of business graduated from incubators

BUSINESS ATTRACTION

U.S. Mainland and International

Execute programs to find, assist and close qualified prospects in order to establish business operations on Oahu that will generate community wealth, create new jobs, and increase capital investment and tax base.

The importance of strong relationships with peers affects corporate location decision makers. To reach these and other decision makers, Enterprise Honolulu will leverage volunteer assistance with professional staff support. Armed with information and tools generated from Enterprise Honolulu's research and image marketing programs, Enterprise Honolulu will build a task force of local stakeholders, as well as professional staff, to implement attraction strategies. Enterprise Honolulu will develop a system for quick response to inquiries resulting from marketing efforts or Ambassador recommendations.

KEY STRATEGIES:

Develop a single point of contact and unified prospect management system

- Use the Memoranda of Understanding process to work with economic development partner organizations to develop a prospect management protocol
- Establish a prospect contact management system
- Hold frequent meetings with partners for training and feedback
- Publish and distribute prospect reports

Use research and business intelligence to target prospects:

- Industry clusters—initiate effort to produce detailed implementation blueprint of targeted industry clusters
- Target regions of opportunity in partnership with DBEDT and other economic development partners
  - Saturated technology regions such as Seattle, Portland, Silicon Valley, Taiwan, Korea and other areas experiencing capital flight

Create volunteer task force of stakeholders to reach out to targeted new business prospects

- Enlist Oahu CEO's and other business leaders as Ambassadors
- Identify and enlist Oahu expatriates as Ambassadors
- Provide staff for prospect research and follow-up

Develop relationships and consistent communication with site selectors and corporate real estate executives for consideration of Oahu as an expansion and relocation area.

- Join industry organizations such as Industrial Development Resource Council (IDRC), attend and sponsor conferences
- Visit key site location consultants and corporate real estate executives annually
- Communicate frequent, factual and concise information about Oahu.
- Professionally manage projects for location advisor's clients

Collaborate with existing international outreach programs (such as DBEDT, Hawaii Chamber of Commerce, Ethnic Chambers and the Pacific Basin Economic Council) to align and coordinate international attraction activities, such as trade missions

Collaborate with neighbor island economic development boards on statewide (Oahu, Maui, Hawaii, Kauai) sales activities for targeted clusters

BENCHMARKS:

- Qualified "New-to-Market" attraction leads generated
- Attraction projects activated
- Comprehensive business plans completed for targeted industries
- Local CEO and expatriate participation in ambassador program to promote Oahu
- New jobs created
- Regional economic development projects initiated
- $ increased payroll
- $ increase in tax base
- # of square feet occupied
- $ in increased capital investment
- Satisfaction of constituents and prospects

IMAGE MARKETING

Create an image locally, nationally and globally that the State of Hawaii is a competitive site for business location, investment, job creation and career opportunities.

KEY STRATEGIES:

Coordinate Team Oahu partners to develop aligned marketing plans:

- Convene meetings and workshops to discuss how to integrate marketing and communications
- Integrate communications plans into overall comprehensive business plans
- Track and measure performance

Conduct targeted cluster marketing:

- Coordinate trade mission participation with international partners
- Develop major presence at leading targeted cluster trade shows
- Organize and host high profile events for targeted decision makers
- Track and measure performance

Design and implement external marketing program:

- Secure marketing staff and/or consultant support to manage advertising, public relations, direct marketing, PowerPoint presentations and events for both U.S. mainland and international markets
- Prepare and maintain collateral materials and website
- Document results: monitor, measure, evaluate and enhance

Design and implement internal image marketing program:

- Recruit major media as investors
- Meet regularly with local media on regional assets and business successes
- Distribute "Oahu is Open for Business" good news information through newsletters, website, investor communications
- Develop PowerPoint presentation to use at public speaking engagements
- Hold luncheon event to publicize Enterprise Honolulu Survey of Oahu results and honor volunteers and existing businesses
- Document results: monitor, measure, evaluate and enhance

BENCHMARKS:

- # of favorable articles about Oahu in consumer media i.e., *Wall Street Journal & Forbes Magazine*
- # of favorable articles about Oahu in site selection national and international trade media
- Increased prospect activity and leads generated
- Increase in visits by national media, prospects, location advisors
- Ranking of Oahu and Hawaii in various "Best Places" national and global top tier lists.
- Local surveys indicate improved internal image of Oahu

Achieve a collaborative and sustainable Team Oahu delivery system for Oahu's economic development.

KEY STRATEGIES:

Recruit government and other partners to the Team Oahu delivery system.

- **Government:** Secure commitment through Memoranda of Understanding process from City and State government leaders to:
  - Participate in "Government to Business" visitation programs
  - Participate in Economic Summit conference and similar forums
  - Craft a protocol for handling new business prospects
- **Business organizations:** Secure commitment from key organizations and other initiatives such as the Chamber of Commerce of Hawaii, the Hawaii Business Roundtable, ethnic chambers, Hawaii Technology Trade Association, Call Center Hawaii and others to work collaboratively and cooperatively on projects to achieve **Target 2005** goals
- **Regional economic development organizations:** Establish a working relationship with Hawaii, Maui and Kauai economic development boards to support effective external marketing of the State of Hawaii as a place to do business
- **Education:** Form alliances with Oahu educational and training groups to fulfill research and workforce needs

Create and promote ongoing economic development forums in which business and government can interact.

- Partner with City and County of Honolulu in Economic Summits to promote collaborative **Team Oahu** partnerships
- Use Economic Summits as vehicle to provide private-sector with direct access to public policy makers in formulating Oahu's economic agenda
- Repeat the Economic Summit semi-annually or as needed to provide an ongoing forum for business and policy makers to interact

BENCHMARKS:

- Prospect management protocol Memoranda of Understanding completed with DBEDT, the City and County of Honolulu and other economic development professionals
- Agreement reached with partners on functional primary and secondary responsibility for agreed upon initiatives within the Team Oahu delivery system
- Statewide marketing partnership formally established
- Participation in at least three successful community-wide economic development forums
- Recruit government and other partners to the Team Oahu delivery system

OUTCOMES BASED PERFORMANCE TRACKING

Develop and manage a performance measures tracking system, which is focused and accountable to Enterprise Honolulu investors and the community.

KEY STRATEGIES:

- Research baseline data for an Economic Indicator Index to measure the growth of Oahu's economic development
- Establish reporting system within retention, expansion, enterprise development, business attraction and marketing programs to track performance for the following outcomes and outputs
- Conduct survey to determine satisfaction of public and private sector economic development partners
- Determine return on investment for Enterprise Honolulu investors
- Report results to investors, stakeholders and partners

KEY PERFORMANCE MEASURES

Outcomes

Existing businesses retained
Existing business expansions
Total jobs created
Direct jobs created
  Indirect jobs created
  Jobs saved
New capital investment
New square footage occupied
Export sales
Marketing leads generated
Investment leads generated

Outputs

Trade events
Businesses assisted
New expansion projects
New attraction projects
Incentive projects
Information services accessed/hits

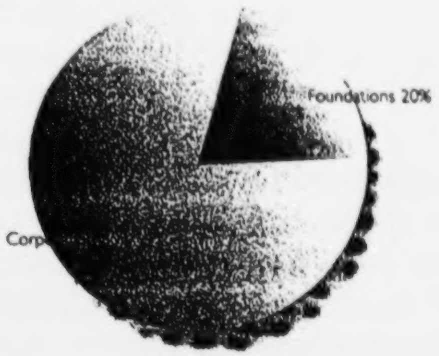
SOURCES AND USES OF FUNDS

$2 Million Base Line Annual Budget

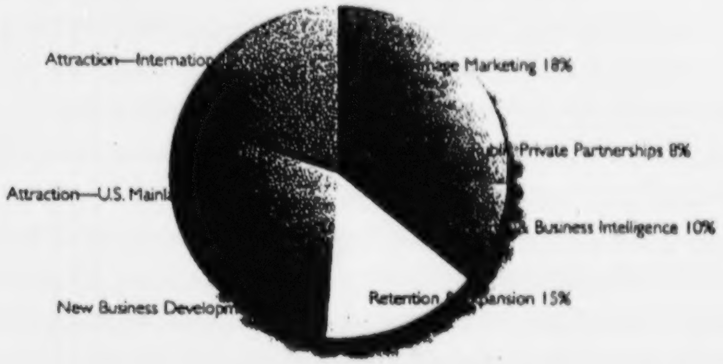
OUTCOME:

Secured annual financial support and multi-year pledges required to establish and sustain a professional economic development organization for Oahu.

REVENUES



EXPENDITURES



Testimony
on
Native Hawaiian Early Childhood Development, Education and Care
before the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye, Chair
April 5, 2002
DAV Hall, Honolulu Hawai`i

Good Afternoon Chairman,

My name is Lynn Fallin. I serve as Special Assistant and Policy Advisor on Children and Families in the Office of the Governor. The testifiers that preceded my testimony have eloquently and meaningfully described a vision for young Native Hawaiian Children, a definition for school readiness, data and research on the state of the Native Hawaiian child, and community, family and parent perspectives and real life experiences. The purpose of my testimony is to present recommendations developed by a group of Native Hawaiian organizations, early childhood organizations and state government representatives convened under the leadership of Myron "Pinky" Thompson and to explain how the recommendations are aligned with state goals, "All of Hawai`i's Children will be safe, healthy and ready to succeed" and with the Native Hawaiian organizations that are working at all levels in communities across the state to improve outcomes for young Native Hawaiian children.

As Special Assistant, I play a strategic role in guiding and making recommendations in the policies and actions of the administration and state legislature in areas impacting children, youth and families and in government performance. One of my areas of responsibility includes working with the Hawai`i Performance Partnerships Board (HPPB). HPPB is responsible for the development of a results and performance measurement system and partnerships strategies that improve outcomes for all of Hawai`i's people, especially children and families.

Most efforts to strengthen accountability for outcomes have focused on improving the performance of government agencies or programs. However, there is another strand of the "accountability for outcomes" movement directed at mobilizing communities to take greater responsibility for improving their conditions, especially the well being of children. Improving outcomes such as the quality of life in communities and changing the life trajectories of children in the community involves more than the work of a single program or agency or government; no one entity can do it alone. Public and private partnerships must be forged between those inside and outside of government. The partnerships must be clear on the outcomes they are after from the onset and throughout the effort, so the emphasis on good data to align around common purposes, share accountability and responsibility for contributing to the achievement of shared goals and outcomes and track progress is extremely important.

In Hawai'i some of the partnerships with communities include initiatives in school readiness/early childhood development and care, children's health insurance, nutrition and youth substance abuse prevention. To support the work of the school readiness partnership, the state administration and the legislature have adopted policies toward the statewide goal, "All of Hawai'i's Children will be safe, healthy and ready to succeed (House Concurrent Resolution 38, 1998)". The adoption of the policies - a school readiness definition (Senate Bill 2283, 2002) and indicators, community outcomes (Senate Concurrent Resolution 12, 2000), and school and community profiles (Act 274, 2001 and Senate Concurrent Resolution 18, 2002) - provide the framework for aligning the recommendation for the school readiness/early childhood partnership with communities. The recommendation is two fold.

RECOMMENDATION:

The first part of the recommendation is continued and increased funding for early childhood development, education and care programs that benefit young children, especially programs that will increase access and improve quality. Focus groups were recently conducted of preschool and kindergarten teachers and parents by the University of Hawai'i College of Education. Kindergarten teachers reported that many children are showing up not ready for kindergarten. With the implementation of the federal "No Child Left Behind Act" and the expectations regarding performance, it will be more important than ever to support programs that help children be better prepared for kindergarten and success in school.

Testifiers earlier presented examples of the many kinds of programs that are needed and available. Other important examples, and by no means a complete list, include the Child Care and Development Block Grant, Maternal and Child Health Block Grant and Headstart. These programs represent vital parts of the safety net of programs and services needed by young children and their families. At the same time, the very number and breadth of programs available to assist young children and their families can be bewildering. There are so many programs at so many levels-both in and out of government.

The second part of the recommendation proposes a model that is aligned with state goals and can pull us together across sectors with communities. The model will improve the way we are doing business so programs are better aligned and more comprehensive AND communities, families and the public and the private sector share in the responsibility through building of partnerships in local communities, all toward achieving common outcomes for young Native Hawaiian children. We need help to develop the Ho'owaiwai Nā Kamali'i, or Native Hawaiian Early Childhood Consortium model, as the strategy.

KAPU THE KEIKI
And
Ho`owaiwai Nā Kamali`i
(The Native Hawaiian Early Childhood Consortium)

The model of Ho`owaiwai Nā Kamali`i (The Native Hawaii Early Childhood Consortium) as it reaches further development and is detailed over this year, forms the basis of this blueprint outline. The pictures that are on display today help us to visualize the model. Using the pictures as an analogy for growing this kind of landscape of community gardens, we are now in the process of doing the important spade work, tilling the soil and preparing the earth so that when the gardens grow, the roots will be deep and the gardens lasting with plants that thrive and grow to their full potential. We are using the groundwork prepared by the Ho`owaiwai Nā Kamali`i model for the development of a coordinated system of care for Native Hawaiian children, pre-natal to age five. Information about the model is attached to the testimony for reference.

Guiding Principles

In this model, we share common thinking through principles that serve as a guide and the foundation for the blueprint. The guiding principles represent the common elements shared by all the gardeners to help make this garden grow. The principles are:

Shared Responsibility: We all have a role to play - public and private sector, communities and families and parents to improve outcomes. Because of the principle of shared responsibility, the focus is on building partnerships in local communities, among service providers and lastly among funders, all toward achieving common outcomes for Native Hawaiian children.

Assets and Strengths: We all have something to contribute and should build on the inherent assets and strengths of families and communities removing barriers that deplete opportunities.

Collaboration and Partnership: We must work together leveraging our strengths and assets to accomplish the goal, "All young Native Hawaiian Children will be safe, healthy and ready to succeed." Collaboration and partnering are both rewarding and challenging because many things pull us apart and make it difficult to work together-levels of government, culture, language, history, funding, programs, geography, objectives, and timetables are examples of the competing and influences.

Outcomes: The focus on outcomes with meaningful data unifies different sectors and communities, enables organizations to work together, builds special relationships, means everyone can contribute, shifts thinking from funding programs to funding results and multiple strategies and provides information about outcomes (the difference that we make and how to improve). The partnership decisions will be based upon good indicator data that tells us whether Hawaii children are reaching appropriate developmental milestones and whether or not our system of care is strong enough, or needing additional features.

Family and Community: We respect and honor family and community and their interest in making decisions and taking action.

Culture and Language: We acknowledge and value the Native Hawaiian Culture and Language as a primary asset. We recognize the strength of Hawaiian culture and language and build on the strength of this asset. Current service providers who need assistance with understanding the unique perspectives of Hawaii families, would be supported. We are guided in our work together by the Aloha Spirit.

Lessons Learned: We build on work underway and the lessons learned. We plan to connect and align our strategies so that we can leverage existing efforts and community and public and private resources. A sense of urgency propels our actions AND we believe that change is incremental because we begin where communities and families are at and learn important lessons to strengthen and improve present and future work.

In the garden analogy, the gardeners need help organizing and planning the garden spaces so that they can use every part of the space, cultivate plants that are best suited for the environment and grow enough of and not too much of any one kind of plant. **Similarly in the model, the following efforts and tools will help with the blueprint plans that each community develops:**

1) Build community capacity by:
    a) Increasing the number of community facilitators and decreasing their geographical responsibilities.
    b) Strengthening and expanding community advisory councils.
    c) Establishing new community advisory councils.
    d) Adding technical assistance and leadership development.

2) Build organizational capacity by:
    a) Providing support for training and technical assistance.
    b) Ensuring cultural sensitivity within organizations.
    c) Providing incentives and resources to achieve outcomes.

3) Build system capacity by:
    a) Convening an interagency group.
    b) Building consensus for common outcomes and strategies among the group.
    c) Providing support and financial incentives for implementation of strategies.
    d) Developing a system of sharing information, methodologies, and best practices.
    e) Providing funding for part-or full-time staff to participate in consortium work.

4) Develop a sustainable data system for Native Hawaiian children prenatal to five years old by:
    a) Having a centralized data-base and information system.
    b) Ensuring continual updating with current information.
    c) Making data available via website and other resources.
    d) Providing meaningful data and information to communities and their partners.

5) Coordinate funder relationships and make efforts to change or develop policy by:
    a) Working with existing coordinating entities, e.g., the Good Beginnings Alliance, Federal, State and County government.
    b) Developing relationships with private foundations, keeping coordinating entities formed.

6) Fund local community outcomes partnerships formulated by the Community Advisory Councils that demonstrate understanding and focused collective action towards improving outcomes.
    a) Agreeing to work together on a common purpose and outcomes that are measurable.
    b) Describing how services are better aligned and organized and barriers identified and removed.
    c) Demonstrating a commitment by partners to work collectively to leverage resources and actions aligned with the outcomes.
    d) Measuring their impact throughout the effort.

Like community gardens that are fruitful and that yield a big and bountiful harvest, the outcomes for young Native Hawaiian children will improve because the model is based on the principle of "shared responsibility" and therefore focuses on working together and building partnerships in local communities, among all the gardeners-service providers funders, community members and families, all toward achieving common outcomes for young Native Hawaiian children. The model recognizes the strength of Hawaiian culture and language, and therefore seeks to build on this asset. The partnership decisions will be based upon good indicator data, that tells us whether Native Hawaiian children are reaching appropriate development milestones and whether or not our system of care is strong enough or needs additional features.

Highlights of the model's systems changes include:

1) Coordination will be improved through the formation of an interagency group and community councils and action plans. Local Community Advisory Councils will align and organize resources more efficiently with less duplication and with more comprehensive services service gaps and barriers identified, and better communicate the outcomes of their work.

2) Meaningful outcome data and information will collected, tracked and available and accessible for use by communities and agencies for planning, decision making, taking action, measuring progress and improving strategies.

3) Partnerships will be formed that focus on outcomes, leverage resources, provide more comprehensive services, and activate communities.

4) Outcome-based funding will enhance local Community Advisory Council to improve outcomes.

5) A model and lessons learned in the development that can be shared with Native American and indigenous communities.

In conclusion, on behalf of the partners, I would like to share a saying:

I ka ulu `ana o ke kalo e ola nō ke kaiaulu.

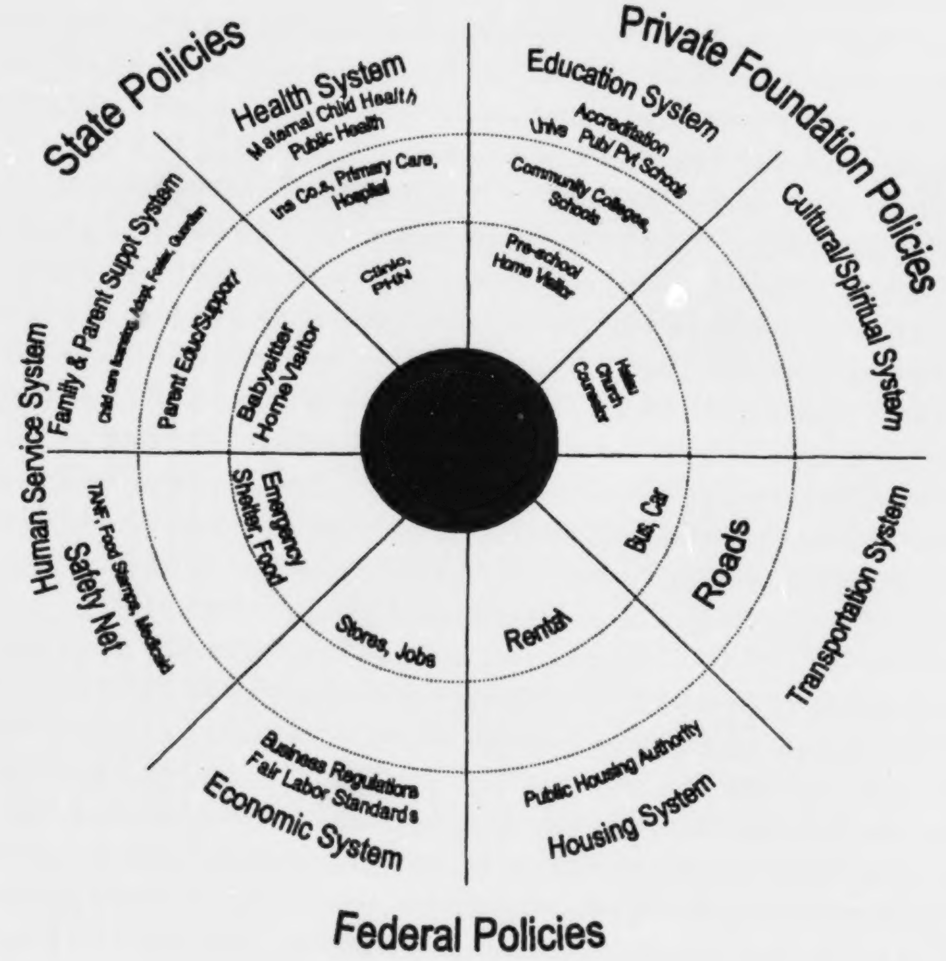
The translation is, "In the growing of the taro, the community thrives".

In this Hawaiian thought, the taro is a child, similar to the mythological origin of the Hawaiian people. In any typical Hawaiian village of old, the child and taro are raised and nurtured by the entire village, and, because taro is a necessary staple, it, in turn, nurtures the community. The creation mythology is the source of this relationship between taro and child. Wa kea, sky father, kept watch over the heavens and Papa (earth mother) ruled the earth. They mated and a keiki was conceived but was stillborn. In the spot where the child was buried, a taro plant grew. This is why children are symbolically represented by taro.

Thank you for the opportunity to explain the work underway and to share the recommendations that were developed under the leadership of Myron "Pinky" Thompson and the organizations that have worked together to formulate the recommendations.

KAPU THE KEIKI

(A Coordinated System of Care)


State Policies
Private Foundation Policies
Federal Policies
Health System
Maternal Child Health
Public Health
Ins Co.s, Primary Care,
Hospital
Clinic,
PHN
Education System
Accreditation
Univs Pub/Pvt Schools
Community Colleges,
Schools
Pre-school
Home Visitor
Cultural/Spiritual System
Halau
Church
Counselor
Transportation System
Roads
Bus, Car
Housing System
Public Housing Authority
Rental
Economic System
Business Regulations
Fair Labor Standards
Stores, Jobs
Human Service System
Safety Net
TANF, Food Stamps, Medicaid
Emergency
Shelter, Food
Family & Parent Suppt System
Child care licensing, Adopt, Foster, Guardian
Parent Educ/Suppor/
Babysitter
Home Visitor

Presentation Information
November 6, 2001

The model of Ho`owaiwai Nā Kamali`i (The Native Hawaiian Early Childhood Consortium) as it reaches further development over this year will be the basis for this effort. It is our intention to build on the Ho`owaiwai Nā Kamali`i model for the development of a coordinated system of care for Native Hawaiian children, prenatal to 5. It is the goal of this three-year grant (that ends in September 2002), to develop the blueprint for a seamless system of early care and education for Native Hawaiian children, prenatal to age five.

The following efforts will implement the blueprint plans that each community develops.

1. Build community capacity by:
    a) Increasing the number of community facilitators and decreasing their geographical responsibilities.
    b) Strengthening and expanding community advisory councils.
    c) Establishing new community advisory councils in additional areas.
    d) Adding technical assistance and leadership development.
2. Build organizational capacity by:
    a) Providing support for training.
    b) Ensuring cultural sensitivity within organizations.
    c) Providing incentives and resources to achieve outcomes.
3. Build system capacity by:
    a) Convening an interagency group.
    b) Building consensus for common outcomes and strategies among the group.
    c) Providing support and financial incentives for implementation of strategies.
    d) Developing a system of sharing information, methodologies, and best practices.
    e) Providing funding for part-or full-time staff to participate in consortium work.
4. Develop a sustainable data system for Native Hawaiian children prenatal to five years old by:
    a) Having a centralized database and information system.
    b) Ensuring continual updating with current information.
    c) Making data available via website and other resources.
5. Coordinate funder relationships and make efforts to change or develop policy by:
    a) Working with existing coordinating entities, e.g., GBA, federal, legislature, Governor, State and County administrations.
    b) Developing relationships with private foundations, keeping coordinating entities informed.

COORDINATION OF SYSTEM

[redacted]	Community Capacity Building	[redacted]	Statewide Systems (Government & Private inter-org)	Federal, State, Private Foundation Policy
Convene				
Building Trust				
Facilitate — Consensus Building				
Info/Data Sharing				
Info/Data Gathering				
Data Analysis				
Planning — Common Outcomes & Strategies				
Organizing				
Connecting				

Testimony on
Native Hawaiian Early Childhood
Development, Education and Care
before the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye, Chair
April 5, 2002
DAV Hall, Honolulu, Hawaii

My name is Joann Sebastian Morris. I am a Program Director at PREL, Pacific Resources for Education and Learning, headquartered in Honolulu. I have been asked to provide testimony about recent research on the brain and how it affects early childhood learning.

The moving force in stimulating these hearings, Mr. Myron B. "Pinky"" Thompson was clearly a pioneer in the field of early childhood care and education. He was also keenly interested in the field of brain research. This burgeoning field has yielded significant results in recent years. The research supports the need for quality care and education for all infants and children, especially those who are over-represented in indicators of developmental risk, like children of Hawaiian ancestry. In this testimony I will summarize some of the key points from this research.

During the 1980s, a growing body of research on the brain found its way into conference agendas, published articles, and education circles. Congress recognized that neuroscientists were contributing to our knowledge of how and when the brain develops and how babies learn. Public Law 101-58 was passed on July 25, 1989, and stated in part:

> ...Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, that the decade beginning January 1, 1990, hereby is designated the "Decade of the Brain" and the President of the United States is authorized and requested to issue a proclamation calling upon all public officials and the people of the United States to observe such decade with appropriate programs and activities.

Brain research informs us that the first three years of life are a time of amazing growth and change in the brain. Babies learn more during this time period than at any other period in their lives. Researchers confirmed that the infant brain requires ongoing stimulation from birth to age 3 to lay the groundwork for future learning.

At birth, the brain contains around 100 billion brain cells. At six months of age, the brain is already 50% of its adult size. Over the course of the next three years, amazing growth and change occur in the brain. By age 3, the brain has grown to 80% of its adult size. It takes an additional 12-17 years for the brain to fully grow and develop.

Brain development is influenced by both nature and nurture. Nature (genetics) determines the size and weight of a baby's brain, and the number of neurons (nerve cells) in an individual brain. Experts once thought that a baby's genes alone determined his intellectual potential and how he interacted with his environment. We now know that environmental influences (nurture) also shape the structure and quality of brain development. Both nature and nurture ultimately determine a baby's social, emotional, and intellectual make-up.

Each one of the billions of brain cells in a child's brain is known as a neuron. These neurons must connect with other neurons to work. The connection between two neurons is in the form of electrical impulses, and is called a synapse. Brain cells connect with one another before birth, but the majority of connections are made in the first five years of life.

Connections that are made repeatedly are reinforced, and complex, organized networks of neural pathways are formed. The pathways allow impulses to travel faster and more efficiently. Connections that are not used repeatedly or often are eliminated. Neuroscientists advise that we can help children make more connections between brain cells by providing them with new experiences, such as social interaction, languages, music and body movements, and repetitions of such experiences. The number and quality of neural connections depends on the experiences infants and children have. A stimulating environment is essential to rapid brain growth.

For example, when we take a walk in the sand, we form a path. If we walk back and forth over the same route, the path deepens and widens, and it is easier and faster for us to walk on the next time. In much the same way, each time a baby makes a repeated act, sees her mother's face, recognizes a sibling's voice, or responds to a caregiver's storytelling, a connection or path is made. With the repetition of sensory and other positive experiences, the brain connections become stronger, and learning is embedded.

What this means for parents, educators and caregivers is that they play a significant role in providing positive and appropriate stimulation for the development of new and permanent connections or synapses in a child's brain. Similarly, negative experiences or the absence of appropriate brain stimulation can lead to serious and long-term impacts on a child's brain and behavior. Without a healthy prenatal environment, followed by appropriate sensory input starting at birth, countless potential connections may wither or never form at all.

Scientists inform us that there are "sensitive or critical periods", also known as windows of opportunity, when the brain can learn certain information more easily and when the neurons can create connections or synapses most efficiently. Each of the brain's systems (hearing, language, emotions, motor skills, and vision) has its own window of opportunity. For example, the brain cell connections to create sight must be made in the first three or four months, or they will never be made. The window of opportunity for learning languages is in the first five years. Language learning continues throughout life, but languages are easiest to learn earlier in one's life. The absence of appropriate stimulation and learning during these critical time periods is likely to have serious and sustained effects on a child's development.

Many brain researchers believe that early learning losses are irreversible, while others contend the brain can form some new connections in response to later learning. Nonetheless, both sides agree that there are developmental time periods when essential cognitive functions like vision and speech are acquired naturally and rapidly. We cannot afford to miss those critical, relatively short windows of opportunity.

Neuroscientists also report that feelings of trust and security develop early. Gently touching a baby and showing her that she is loved sends a message to the brain, and connections/synapses are made between brain cells. Over time, as trust is developed, pathways in the brain are created which help the baby feel secure and handle stress better. Research informs us that children who are secure and feel good about themselves are generally more successful in school and in other social, emotional, and intellectual pursuits.

It is imperative for policymakers, parents, educators, and other caregivers to take advantage of what research is discovering about how the brain develops, how children learn, and when critical periods for certain types of learning occur. These findings can be applied and have tremendous impact on policies, programs, and practices that affect infants, children, and their families. Knowing that infants need a stimulating environment to maximize their capacity to learn, we can no longer wait until children enter grade school or even pre-school programs to engage them in early learning. Early brain stimulation makes sense from a scientific, societal, and economic perspective.

There is much to be gained from recent brain research. This summary testimony has highlighted only a few insights and implications, but I hope it has added to the Committee members' current knowledge on this important subject. I wish to thank the Committee for their interest in Native Hawaiian early childhood development, education, and care; and for allowing me to contribute to this important discussion.

Testimony on
Native Hawaiian Early Education and Care
before the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye
Chairman
April 5, 2002
DAV Hall, Honolulu, Hawai'i

Dear Chairman Senator Inouye and Members of the Committee;

Aloha mai! Mahalo nui loa, Thank you very much for holding this hearing on Native Hawaiian Early Education and Care. My name is Cynthia K. Kenui. I am here by request from a Native Hawaiian kupuna and representative of the Native Hawaiian community. I am a Native Hawaiian scholar completing my final year of a doctorate program in Clinical Psychology and a recipient of the Native Hawaiian Health Professions Scholarship Program. I am sincerely honored and thankful for this opportunity to offer a testimony in this area of Native Hawaiian Early Education and Care.

My interest in this hearing is both personal and professional. I come from humble beginnings, some may even say impoverished, because our socioeconomic status was at poverty level. I am the third child and oldest girl of 12 children. My father was Hawaiian-Chinese-Irish-Scot and my mother was Samoan-Caucasian-Tahitian-Cherokee. I was born on the island of O'ahu and raised in the ahupua'a (district) of Ko'olauloa, in the towns of Laie, Hau'ula, and Punalu'u. I come from a rural community and hope to return someday soon. My husband is of Hawaiian-Chinese-Japanese ancestry, he also comes from a large family - the third child and oldest boy of 9 children. We have two children and one mo'opuna (grandchild). My commitment to my family and community is deeply personal.

Professionally, I participate in various arenas of the Native Hawaiian community. In research, gathering and analyzing data for many different diseases (diabetes, cancer, and heart disease) and on committees with communities dedicated to improving the health and wellness of all Native Hawaiians. Currently, I am completing my internship with an agency that provides mental health services for children, adolescents, and families. As a therapist, the age and psychological diagnosis of my caseload is diverse and complex. Ages range from ages 2 years old to 13 years old. I provide services for the 0 - 3 Early Intervention Program for children diagnosed with developmental delays and autism. I also work with children and adolescents at various Department of Education schools at school and in their homes.

I understand this hearing is an opportunity to offer the Federal government feedback on how they might and I quote your draft press release, "*...assist the efforts of the public and private educators, health care providers and most importantly, families. To provide the support and nurturance necessary to assure optimal brain stimulation and growth in the critical years of early childhood development*" I also understand Pinky Thompson's vision for Native Hawaiian early childhood development is captured in his guiding principle, "*to assure that Native Hawaiian children and young adults are given the educational support...to succeed in whatever life endeavors they might choose to pursue.*"

Although there is existing data and information that support the need for a multitude of services for Native Hawaiian children, this information is generally agency specific. Critical questions need to be addressed, here in Hawai'i, before appropriate information can be provided to the Federal government.

1. Where is the unified outcome data that offers a description for the specific needs of Native Hawaiian children and families? Most agencies gather agency specific data that may not be adequate to describe appropriate outcome strategies to address the needs of Native Hawaiian children and families. Where will this centralized data bank be housed?

2. How might the committee, *Kapu Na Keiki*, provide information that describes "What's missing in services offered to Native Hawaiian children and families" to increase the efficacy of services? Have agencies examined accessibility and appropriateness of services for Native Hawaiian children and families? Do these agencies provide services that are culturally competent and culturally sensitivity for Native Hawaiian children and families? How do agencies address cultural differences and a lack of culturally sensitive providers?

3. If early childhood neural development is a specific area of interest, what is the baseline information for neural development in Native Hawaiian children? Research obtained from other ethnic-cultural groups is not always appropriate or applicable because of environmental and social events. Research in brain development for indigenous people may be applicable given similar criteria for evaluation developed by and in collaboration with indigenous people.

4. How might the public and private educators, health care providers and most importantly, families work together to actively enhance the environment and increase resources and opportunities for future success of Native Hawaiian children and families? If the research and literature report that Native Hawaiian families have the lowest socioeconomic status and early childhood programs are not always accessible for Native Hawaiians, how can public and private agencies assist and provide services?

Our role, as family and community members, is to strive toward gathering the data to describe and support effective and appropriate services for Native Hawaiian children and families. This may be a challenge because a centralized data bank will need to be created and a uniform system of data collection will need to be created, implemented, and maintained. A model or framework will also need to be created, in collaboration with Native Hawaiians, to ensure that all levels of service for Native Hawaiians are accessible, affordable, and culturally competence in data gathering and delivery of services.

It is my personal belief that the future of all Native Hawaiian children and families may be defined in this moment and that this is a historical event. Given the resources, opportunities, and support, all Native Hawaiian children and families can excel and succeed in all of life's endeavors. I share in Pinky Thompson's vision and aspire to emulate his belief in all aspects of my life's work.

Ka lama ku o ka no'eau
The standing torch of wisdom
Said in admiration of a wise person.

Chairman Inouye, members of the Committee , mahalo nui loa for allowing me to share my mana'o.

Me ke aloha pumehana,

Cynthia K Kenui

Cynthia K. Kenui, MA

TESTIMONY

In Support of Native Hawaiian Early Childhood Development, Education and Care

Before the

UNITED STATES SENATE COMMITTEE ON INDIAN AFFAIRS
Senator Daniel K. Inouye, Chair

By

Sherlyn Franklin Goo, Executive Director
Institute for Native Pacific Education and Culture

INPEACE

April 5, 2002
Disabled AmericanVeteran's Center
2685 North Nimitz Highway
Honolulu, Hawai'I

Aloha mai Senator Inouye and members of the United States Senate Committee on Indian Affairs. Thank you for the opportunity to provide written testimony for the record. I will be in the audience for this hearing.

My name is Sherlyn Franklin Goo. In my thirty-seven year professional career, I spent the majority working on behalf of Native Hawaiian education and self-sufficiency. Myron "Pinky" Thompson was a major influence in my efforts for almost thirty of those years. Thus, when three months before he passed away, Pinky asked a group of us work together towards ensuring comprehensive and quality early care and education of the youngest of Native Hawaiians, there was no question that I, along with the entire Kapu Nā Keiki committee members, rose to the occasion. Kapu Nā Keiki was the name that Pinky wanted us to use for this effort. Loosely translated, it means "Protect the Children."

At every meeting following his passing, we would begin with a prayer. Then, one by one, we would introduce ourselves. The reason we always introduced ourselves was because, especially after Pinky died, more players came to the table. Whenever we introduced ourselves, each person always spoke about how Pinky influenced his or her life and work. This was never part of the "program" – it was just that everyone person wanted to share the importance of Pinky and his vision for Native Hawaiians to their life's work.

When our Kapu Nā Keiki group helped to formulate the invitation list for this hearing, it was clear that we wanted people who came from the heart and who came from the community to play the primary role. And, as the length of the hearing was short, we knew that committee members, some key players in Native Hawaiian early care and education, chose not to be on the invitation list. Instead, most are providing written testimony to assure the Committee on Indian Affairs that we fully support this effort, have been working for years towards Pinky's vision, and stand ready to follow up in any way.

I submit this testimony as a representative of many entities –

- For myself, as a Native Hawaiian educator, executive director of the Institute for Native Pacific Education and Culture (INPEACE), a private non-profit agency whose missions is to improve the quality of life for Native Hawaiians and Pacific Islanders through partnerships that provide educational opportunities and promote self-sufficiency.
- For the W.H. Kellogg Foundation SPARK Initiative (Supporting Partnerships to Assure Ready Kids), an INPEACE project. SPARK is working in the Native Hawaiian communities of Keaukaha/Panaewa on the island of Hawai'i and Ma'ili/Nānākuli on O'ahu. Its goal is to develop a plan that will create systemic change within their communities, assuring ready kids.
- For Ho'owaiwai Nā Kamali'i (Native Hawaiian Early Childhood Consortium) – Neighbor Islands, where we are striving to develop a blueprint for a seamless system in early childhood services for Native Hawaiians, ages prenatal to age 5.
- For Keiki Steps – an INPEACE project in three Native Hawaiian Homestead Communities. It provides play and learn mornings for toddlers and their parents, parenting classes, and leadership development for staff and parents, to ensure readiness for children and self-sufficiency for families.
- As a board member of the Good Beginnings Alliance, the public-private organization, authorized by law, that promotes policies and programs that place a priority on children's first five years and support health growth and development of young children throughout Hawai'i.

The INPEACE board and I have placed Native Hawaiian early care and education as its highest priority. We recognize that over thirty-five percent of the 0 – 5 population in Hawai'i is Native Hawaiian. (Hawai'i Kids Count, Children's Budget Analysis.)The impact of the success of this group is great with regard to the future of our state some 15 – 20 years from now. We also recognize that many Native Hawaiians are greatly challenged in their efforts to obtain quality and affordable care for their youngest. And, as we know that the first few years of a child's life are critical in many ways in determining future success, it is important to assure that our Native Hawaiians are able to obtain quality early care and education.

The outcomes for many of our children entering kindergarten are not where we want them to be. Many children have not been read to regularly, do not have many words in their vocabulary, are not in the best of health, are not in the safest environments, and, therefore, are not as ready as others when entering school. This lack of readiness is often never made up in the course of their educational career.

I must note that the effort of our current legislature to delay the age of kindergarten entry to ensure that children are already five by the start of school in the fall could have severe negative impact upon our Native Hawaiian low income and other low income groups. These children will spend one more year out of school. Most cannot afford preschool. According the Hawai'i Kids Watch, in 2001, 63% of Native Hawaiian children under five are low income. (Low income is defined as incomes under 185% of the poverty level.) In addition, there are fewer preschool spaces than there are preschool age children. In some cases, parents choose to have their child at home or with a relative. There are many, however, who would prefer to have their child in a quality preschool. If there are not early childhood alternatives for these children who are denied entry, their readiness will be further impaired.

Many of us have worked, for years, to develop ways to ensure readiness, each within our own agencies. More recently, we realize that we must all work together. Doing so requires commitment of every agency to this joint effort. Some can afford to give staff to this. Some cannot. What I hope for is a way to provide the "glue" money for each agency to assure quality participation. There is commitment by all agencies but insufficient staff time – "glue" time – by most. It is difficult enough to meet the goals of each agency, let alone giving staff time for the larger picture that Pinky envisioned.

Lynn Fallin of the Governor's Office provides a comprehensive description, in her written testimony, of what is needed to ensure this "larger picture" can be a reality.

I thank you for this opportunity to provide written testimony. Please do not hesitate to contact me if I can be of assistance in any way.

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ALU LIKE, Inc.
E alu like mai kākou, e nā 'ōiwi o Hawai'i
Administrative Offices

TESTIMONY

In Support of Native Hawaiian Early Childhood
Development, Education and Care

Before the

UNITED STATES SENATE COMMITTEE ON INDIAN AFFAIRS

Senator Daniel K. Inouye, Chair
April 5, 2002
Disable American Veteran's Center
Honolulu, Hawai'i

By

Tara Lulani McKenzie, President and CEO
ALU LIKE, Inc.

Aloha Senator Inouye and members of the United States Committee on Indian Affairs. Thank you for the opportunity to provide brief written testimony for the record.

My name is Tara Lulani McKenzie, the President and Chief Executive Officer of ALU LIKE Inc.(ALI). Myron "Pinky" Thompson was the guiding force in forming ALI. Through his vision and leadership ALI has become the largest non-profit agency serving Native Hawaiians. Our mission is to kokua (assist) Native Hawaiians who are committed to achieving their potential for themselves, their families and communities.

I also am a member of the Hawai'i Performance Partnerships Board (Act 160) which is responsible for the development of a results and performance measurement system and partnerships strategies that improve outcomes for all of Hawai'i's people, especially children and families.

Pinky Thompson has always championed early education and care and ALI shares his vision. When the early childhood parent-infant programs were to be discontinued by Kamehameha Schools several years ago Pinky made sure these services continued through ALI. The program is now known as Pūlama I Nā Keiki (Cherish the Children). A parent in that program is testifying before you today.

Pinky's understanding of the importance of investing in children's early development has been amply demonstrated in terms of personal growth, risk reduction, and long-term economic benefit to society. The first years of life from 0 to 3 represent a

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particularly critical period for brain development. To be most effective, early care must be culturally appropriate, seamless, and accessible to all children and families. In the State of Hawai'i the children with the greatest needs during this early period are the descendants of the original inhabitants of the islands, the Native Hawaiians. Of all children born in the state, those with Native Hawaiian ancestry comprise the largest single group.

Members of ALI's Ho`okahua (Early Childhood) Department staff began working with Pinky and the Kapu Nā Keiki group during the last few months of his life to make sure that all children in Hawai`i will be safe, healthy and ready to succeed by the time they start school. We are committed to carrying on his vision.

The Kapu Nā Keiki group realizes that there are many good programs in Hawai`i addressing readiness, however individual programs are not the total answer. All agencies must be committed to work together in a systematic approach to reach our mutual goal for the future generation.

We support the plan outlined in the concluding oral testimony by Lynn Fallin, Special Assistant and Policy Advisor on Children and Families in the Office of the Governor. We strongly believe that through the development of true partnerships, the building community and system capacity, the development of a sustainable early childhood data system, and the coordination of fundor relationships we can achieve Pinky's and our dream.

Thank you for this opportunity to provide written testimony.

Good Beginnings Alliance
for our children

Hawai'i Good Beginnings Alliance
Testimony
on
Native Hawaiian Early Childhood Development
Education and Care
Submitted to the
U.S. Senate Committee on Indian Affairs

Senator Daniel K. Inouye, Chair
April 5, 2002
DAV Hall, Honolulu, Hawai'i

The Good Beginnings Alliance wishes to extend its full support to the Native Hawaiian organizations and individuals that have testified today on behalf of Hawai'i's young children and their families. We are pleased to submit testimony for today's hearing. It was an honor to work with Myron "Pinky" Thompson and to learn from his wisdom. We share his vision that all of Hawai'i's young children must be nurtured to attain their full potential.

Good Beginnings supports the recommendations from the Native Hawaiian community that there be continued and increased funding for:

1. Early childhood development, education and care programs that benefit young children, especially programs that will increase access and improve quality.
2. A Native Hawaiian model that is aligned with state goals and bridges public and private sectors with Native Hawaiian families and communities.

The Good Beginnings Alliance (GBA) is the non-profit entity designated in Act 77 of 1997 Hawai'i Session Law as responsible for building Hawai'i's early childhood system. The mission of the Good Beginnings Alliance is to lead, in partnership with families, communities and advocates, Hawai'i's commitment to ensure that our young children are safe, healthy and ready to succeed. As Hawai'i's early childhood intermediary organization, Good Beginnings is a statewide public-private partnership that aims to maximize resources, mobilize action to improve outcomes and shape public will and public policy.

GBA was created to promote the most effective utilization of public, private, charitable and community resources; and, to carryout specific tasks in building an early childhood system more suited to a statewide, coordinated approach. Our work is aligned closely to that of the Native Hawaiian Early Childhood Consortium, Ho'owaiwai Nā Kamali'i. We share a common statewide goal and continually strive to target indicators of child well being that address the needs of all young children in Hawai'i.

Our focus is to create a statewide accountability framework and to leverage funding in support of children birth to 5 years. We are guided by the community goal "All of Hawai'i's children will be safe, healthy, and ready to succeed in school" and by the indicators we use to track our statewide success in achieving this goal. Good Beginnings strategic objectives are to ensure that statewide efforts are aimed at reaching these indicators by:

1. Developing partnerships with the business, philanthropy, and policy-making communities to increase and leverage financial resources to benefit young children and families;
2. Implementing community specific models for linking families to services, and supporting them to meet the health, protection and developmental needs of their young children;
3. Aligning public and private state, county and community partners to focus on tracking and achieving common outcomes for young children.

The premise of the collaborative community work being accomplished in Hawai'i is that strong, resilient and nurturing families will raise healthy and successful children. The vision is that there must be a broadening of community engagement to ensure child safety and promote healthy development. All of our efforts are based upon the principles that the capacity of families to succeed is affected by the neighborhoods in which they live, and that each community has the strength and assets to create its own system that nurtures children who are safe, healthy, and ready to succeed. We believe that positive results are community driven and depend upon the commitment, participation, and action from stakeholders in the community.

A strategic outcomes framework guides the work of both Good Beginnings' and Ho'owaiwai Nā Kamali'i. In communities statewide parents, service providers, early childhood educators, businesses are coming together to implement community plans directed at changing child well-being indicators for children 0-5.

This framework also serves as a critical tool in the translation of community input to inform policy decisions. The intent is that community work and discussions with policy makers are linked through their joint commitment to use the same child outcomes and indicators. Tying government policy and community-based planning together around a common focus on child outcomes is an important part of all of our work. This approach provides a solution to the perceived divergent perspectives and sense of disconnect between what happens to families in communities and how services are planned at the state level.

Currently in Hawai'i there are over 78,000 children under the age of five years. There are approximately 31,000 children three and four years old. Of these children, it is estimated that over 14,000 live in families that are below the 185% of the Federal Poverty Level. Our statistics show that over half of these children are Native Hawaiian and only 49% of these three and four year old children currently receive a preschool subsidy of some type. If our goal is to have all of Hawai'i's children safe, healthy, and ready to succeed in school clearly there is a need to reach more young Native Hawaiian children prior to their entry into kindergarten – especially those most at risk and in need of stimulation and nurturance.

As communities in Hawai'i strive to become places where all young children are valued – and actions taken to demonstrate this value - the following components must be present:

1. **Parents** are able to access information and support to increase their knowledge of child development and good parenting practices.
2. In communities a **continuum** of high-quality early care and education options are available and accessible.
3. **Information and referral services** are readily available to families so they can easily locate the services they require.
4. Children receive **early and periodic screening** so that any learning difficulties can be identified and needed services can be delivered while the child is young and prior to entering kindergarten.
5. **Early intervention services** are available for all children and families identified as at risk and needing follow-up services.
6. There is **a coordinated continuum of services** available to families and young children. Departments will communicate and reach consensus so quality and timely services are delivered to children.
7. There is a **commitment to a seamless education system** focused on meeting the learning needs of children across the education continuum from early education through post secondary.
8. **Practitioners are trained and valued**. They deliver high quality services in collaboration with other community partners. Teachers work with doctors, doctors work with social workers, social workers work with parents and teachers. Practitioners include home visitors, family childcare providers, center based practitioners, pediatricians, and public health. All must receive reasonable and adequate pay.
9. **Communities come together** around the needs of the youngest children. Included in the partners are parents and representatives from business, faith, social services, education, and health communities.
10. **Culturally effective** practices/services are delivered.
11. There is an **accountability system** in place to focus on goals and results for children including appropriate measures to track progress and assess accomplishment of these goals.

In order to actualize the above components and improve the quality of life for all of Hawai'i's children, federal and state, public and private resources must be dedicated to accomplishing the following five actions:

1. Families can access early education services at a rate commensurate with their ability to pay.
2. Early education practitioners have ongoing opportunities for meaningful training and education.
3. Early education sites have access to funding that can be utilized to increase the quality of their programs.
4. Children in need of special assistance are identified early, prior to their entry to kindergarten. Once identified these children have access to quality remedial services.

5. Needy parents with young children can receive the family support – both emotional and financial and medical – so that no child in Hawai'i is left hungry – in mind, body or spirit.

Thank you for this opportunity to submit testimony. We urge your continued support for the work of the Native Hawaiian Early Childhood Consortium, Ho'owaiwai Nā Kamali'i. And, we appreciate your long-standing efforts on behalf of Hawai'i's children.

For further information, please contact:
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Testimony On
Native Hawaiian Early Childhood Development, Education and Care
Before the
U.S. Senate Committee on Indian Affairs
Friday, April 5, 2002
Disabled American Veterans Hall
Honolulu, Hawai'i

Mr. Chairman, members of the Senate Committee on Indian Affairs, committee staff, and presenters, ...aloha kākou!

I am Trustee Haunani Apoliona, re-elected in the year 2000 to the Office of Hawaiian Affairs for a term of four years, and currently serving as the Chairperson of its Board of Trustees. Prior to my election, I was the President and Chief Executive Officer of ALU LIKE, Incorporated, a statewide community-based socio-economic organization serving native Hawaiians from early childhood to the elderly. The late esteemed Myron B. "Pinky" Thompson was a co-founder of ALU LIKE and mentored us and others in Hawai'i toward achieving his and our vision for Hawaiians and Hawai'i.

I am pleased, indeed, to provide written testimony and to support this hearing on Native Hawaiian Early Childhood Development, Education and Care which Mr. Thompson enabled through convening in 2001 a group of organizational and community representatives to focus on early childhood education. They focused upon expanding the capacity of existing programs through collaboration and partnerships rather than establishing "new" programs. He encouraged and empowered the presenters, in anticipation of this hearing, to better inform you about the collective efforts toward establishing a "model" which works with Native Hawaiian children and which has potential for replication.

It was Myron Thompson's hope that the model of Ho'owaiwai Nā Kamali'i (The Native Hawaiian Early Childhood Consortium), that is described in this hearing by those who are actively involved in its formulation and use, would have much broader applications to Native Americans and non-Hawaiian children, as well. His vision was that all children "will be safe, healthy, and ready to succeed".

Myron Thompson espoused strongly his resolve that "no child shall be left behind". He believed that the first several years of a child's life has the most powerful impact on the rest of its life. He agreed with researchers that a child's brain development is influenced by both *nature* and *nurture*, and a stimulating environment is essential to rapid brain growth. Therefore, early childhood developmental education for Native Hawaiian children ensures Hawai'i that its children will be safe, healthy and ready to succeed.

I share with the late Myron B. Thompson in the belief that the quality of life and the survival of the best in Hawaii's future rests in the value we place on early childhood education, the resources we provide for an effective model in educating our children, the nurturing we ensure through collaboration in family-based programs, and the personal effort we extend in supporting early childhood development, education and care.

As our Hawaiian traditional 'olelo no'eau (wise sayings) express, "*E mālama 'ia nā pono o ka 'āina e nā 'ōpio*" (The traditions of the land are perpetuated by its youth). Our children are our treasures.

We in the community ask that this Senate committee focus priority attention on supporting and expanding the Ho'owaiwai Nā Kamali'i model and on improving early childhood education for society's future — our children.

Mahalo (thank you) for the opportunity to provide this testimony. .

Haunani Apoliona

Haunani Apoliona, Trustee
Office of Hawaiian Affairs

TESTIMONY

IN SUPPORT OF NATIVE HAWAIIAN EARLY CHILDHOOD DEVELOPMENT, EDUCATION AND CARE

2002 APR 19 PM 1:56

Before the

UNITED STATES SENATE COMMITTEE ON INDIAN AFFAIRS
Senator Daniel K. Inouye, Chair

April 5, 2002
Disabled American Veteran's Center
2685 North Nimitz Highway
Honolulu, Hawaii

Aloha Kakou:

My name is Erik Kaimiola Earle. My wife is Francine Moanikeala Earle and we have two keiki whose names are Kapaiaala and Moanilehua. As a family, we made a decision to teach our children the Hawaiian language as their home language. As a result I have committed five years to raising my children in the native Hawaiian language while my wife works. I have never had an English conversation with my children because we want our children to become manaleo speakers. However, my wife converses with our children in English so that they will understand the globalness of thinking Hawaiian.

Moanilehua, my daughter is enrolled in papa malaao (kindergarten) at Ke Kula Kaiapuni 'o Anuenue. This public Hawaiian language immersion school is for grades K-12 and contributes to our commitment as a family to immerse the native Hawaiian language into all of our endeavors.

Kapaiaala, my son is too young to enroll in any child care program, therefore since the birth of my daughter and now my son, I left my employment as a Punana Leo Teacher to build a Hawaiian language immersion program for toddlers at my home. Currently, I have four students enrolled in my school. I buy all of the Punana Leo curriculum with my own resources and I redesign the curriculum for my toddlers.

I have had an opportunity to discuss the feasibility of establishing early infant, child care, preschool programs at Ke Kula Kaiapuni 'o Anuenue with the school administration. Their response has been yes because the students enrolled in these programs will enter immersion schools at kindergarten.

Also, our program could help to train our Hawaiian people to enter the careers of early childhood education and to become role models for their families and communities so that they can make education the centerpiece of the kuleana of the family.

I am here to ask for your kokua, so that we can have an opportunity to establish Native Hawaiian Early Childhood Development, Education and Care at kaiapuni schools throughout the state of Hawaii and in particular at Anuenue.

I have had the opportunity to hear and meet Myron Thompson, and I know that his vision for all children is what we are trying to do today. Therefore, I am here to testify on behalf of all parents who want their children to learn the Hawaiian language from birth. I ask for your kokua to help programs like ours become an integral part of the kaiapuni schools.

Thank you for letting me share my mana'o (thoughts) with you. *Mahalo a nui loa ia oe Kenekā Kaniala Inouye no kāu kūpua'a a me kāu kāko'o i ko Hawai'i a mahalo ho'i no nā pua o Hawai'i nei, a me nā mea e kupu mai ana* (Thank you Senator Inouye for standing strong and supporting the people of Hawai'i, the flowers (keiki) of Hawaii and the one's that will be sprouting out from the land (legacy of keiki no yet born).

Mr. and Mrs. Erik Kaimiola Earle
and keiki Kapaiaala and Moanilehua
1111 Wilder Avenue, Apatment 3B
Honolulu, HI 96822 Phone: 538-7083

United States Senate
Committee on Indian Affairs
Testimony
on
Native Hawaiian Early Childhood Development, Education and Care

Aloha mai e ke Kenekoa Inouye, ka Luna Ho'omalu o ke Kōmike Kuleana 'Ōiwi 'Amelika, me nā lālā a pau. Aloha mai kākou. (Aloha Senator Inouye and members of the Senate Committee on Indian Affairs. Greetings!)

My name is Nāmaka Rawlins, Director, 'Aha Pūnana Leo. I have been with the 'Aha Pūnana Leo since 1985 when I started as a volunteer at the Pūnana Leo o Hilo preschool when it first opened. Mahalo nui for allowing me to provide testimony on behalf of the 'Aha Pūnana Leo regarding early childhood education, development and care.

The focus of my testimony is that special provisions need to be made to assure the choice of Pūnana Leo Hawaiian language medium early childhood education. For the past twenty years the statewide 'Aha Pūnana Leo has been the sole Hawaiian language medium/immersion preschool provider. Without a clear source of support for the 'Aha Pūnana Leo, this form of education and important early childhood option, could totally disappear. Furthermore, use of the Hawaiian language as the medium of education is the one area with the greatest special needs and where the federal government has recognized a special responsibility in policy elsewhere through the Native American Languages Act. I ask that the provisions that you develop assure continued special support for Pūnana Leo Hawaiian language medium/immersion preschools and its special needs in teaching materials development, teacher training and parent/community education, thus ensuring a permanent Hawaiian language preschool presence in Native Hawaiian early education.

I was born and raised in Keaukaha, Hawaiian Homestead Lands , on the island of Hawai'i with 11 siblings. We were one of a few large families in Keaukaha. As with other families in our community, "kuleana" (responsibility) was ingrained in us from my very early recollections of life. While raising my children in the late 70's, early 80's, I saw that this value of "kuleana", as well as others, were not common understandings anymore. It was also at this time that a group of educators and parents got seriously committed to the revitalization of our Hawaiian language through preschool education. Finding strength through "aloha akua" (loving appreciation of spirituality in life), "aloha 'ōlelo" (love of our language), "aloha lāhui" (love of our people), "aloha 'āina" (love of our land), and "aloha na'auao" (love of knowledge and education), the 'Aha Pūnana Leo began its journey of "E Ola Ka 'Ōlelo Hawai'i" (The Hawaiian Language Shall Live). We build upon our life experiences, rooted in our "mauli Hawai'i", our unique Hawaiian identity, the foundation of which is rich in our traditional language, knowledge and practices.

The 'Aha Pūnana Leo, Inc. ('APL) developed the first all day preschool education in Hawaiian or in any Native American language in the nation. We have remained, for the past twenty years, the only Hawaiian language preschool system in the state of Hawai'i and we have assisted growing numbers of other Native American tribes to establish programs on our model elsewhere. Such indigenous language medium/immersion preschools face all the challenges of preschools for Native Hawaiians plus many additional barriers that relate directly to our educational base in a long suppressed language. Hawaiian was banned for use in education with the annexation of Hawai'i in 1898 and its use in schools continued to face legal barriers in the state until 1986. The federal government then changed its repressive policies toward Native American languages, including Hawaiian, in 1990 with passage of the Native American Languages Act. Overcoming a legacy of what anthropologists describe as linguistic genocide creates special challenges for the Pūnana Leo and all preschools conducted through Native American languages.

The significance of using the indigenous language for education, is extremely important as the language itself contains the core values and perspectives of the culture. The 'APL in its use of the Hawaiian language for all its operations, incorporates Native Hawaiian perspectives, values, culture and traditions into its core function. These are intimately entwined with the language and cannot be separated from it .

Our strengths have had a very large impact on the Native Hawaiian community in terms of improved educational achievement in both the global sense of literacy, school readiness and parent involvement, and also in the Hawaiian cultural knowledge including knowledge of our own traditions, music, environment and most important a world view based in our own language that cannot be gained through studying about Hawaiian culture through English. Furthermore, we have served as a language and cultural resource and training ground for English medium preschools that serve Native Hawaiian children that would be unavailable if we did not exist. And finally we provide a living counter example to the ingrained negative stereotypes of the Hawaiian identity that are such a problem in the Native Hawaiian and broader community in Hawai'i. After twenty years we now have graduates in universities, not only in Hawai'i, but in such nationally recognized institutions as Stanford and Loyola Marymount. Our students have fared well in spite of negative predictions about their success as students.

Our Pūnana Leo (language nests) and our subsequent development of a k-12 Hawaiian immersion school system statewide, have become a model for other Native American language revitalization initiatives. The Federal Native American Languages Act of 1990 supports and promotes literacy and fluency in Native Language use in all aspects of Native American education. The Act sees such support as beneficial for not only the survival of indigenous languages and cultural retention, but equally important, the child's development of biliterate and bicultural cognitive development. Over the past 20 years, we have made great progress in Hawaiian medium education. Our statewide preschool graduates are ready for school, in fact, they are depended upon for the core group of kindergartners in each Hawaiian immersion classroom. They provide the natural language for the classroom as new children enter at this stage in the public school system and thus provide the essential peer language environment for those who have not been able to enroll in the Pūnana Leo. Providing additional Pūnana Leo programs for those children entering the Hawaiian immersion program is an important goal for us that could be achieved with additional funding.

Our Pūnana Leo graduates have not only succeeded in the Hawaiian immersion schools developed to receive them, but have also matriculated directly into English medium kindergartens ready to learn and possessing basic skills others often lack. Some of these English medium schools into which our students have enrolled include the exclusive private schools, Punahou and Kamehameha. Our focus remains, however, on the public Hawaiian immersion schools as the target programs for matriculation of our students.

Among the special strengths of our program are early literacy based on the highly phonetic Hawaiian writing system and a tradition of very early reading literacy in Hawaiian that developed during the Hawaiian Monarchy. The 'APL has also developed the expertise to create much needed educational materials and curriculum of high value and quality to support such literacy and school readiness skills for entering kindergarten in a Hawaiian immersion school. Hawaiian language learning materials are very limited when compared with the availability of English language learning materials, however, the 'APL has produced materials and curriculum that addresses the needs of Native Hawaiian learners in the areas of literacy, culture and tradition in the Hawaiian language. Our materials are illustrated and presented in familiar and approachable contexts and identities, engaging the learner in prior knowledge and experiences. Our books integrate traditional Hawaiian literature, unique aspects of contemporary Native Hawaiian communities and issues of special importance to Hawaiian speaking children. These books are reinforced with videos, cd roms and other technological approaches to provide Hawaiian speaking students with materials in their own language to compete with the abundance of materials available in English. Thus a major special need of the 'Aha Pūnana Leo is funding for its Hawaiian language educational materials program.

Another special need of the Pūnana Leo is a Hawaiian medium preschool teacher's education program. Developing a Hawaiian medium early childhood teacher training program would provide teachers who could relate directly to the Pūnana Leo's teaching approach using authentic materials in the Hawaiian language and the unique aspects of teaching literacy in the language within a Hawaiian cultural context. Such teachers would also be a valuable resource for English medium preschools serving Native Hawaiian children where expanded Native Hawaiian relevant content is also needed. At present, all early childhood teacher education programs in Hawai'i are in English, developed on a non-Hawaiian world view.

The 'Aha Pūnana Leo would like to see federal funds made available to it to develop a Hawaiian language medium early childhood teacher education program with an appropriate entity, such as Ka Haka 'Ula O Ke'elikōlani College of Hawaiian Language at the University of Hawai'i at Hilo. At present, the College with predominantly Native Hawaiian faculty has the only k-12 teacher licensing program, Kahuawaiola, taught through the Hawaiian language, and which provides its graduates with a multiple licensure to teach in both Hawaiian and English medium schools. Kahuawaiola was developed through a partnership with the 'Aha Pūnana Leo and could be expanded to include preschool teacher training. The resulting preschool teacher training program would differ from standard English medium preschool teacher training in that it would be at a four year college and require a four year degree in the same way that the k-12 licensing program does. (The English medium preschool training is typically at community colleges.) The four year degree is necessary due to the specialized training in Hawaiian language and culture necessary for young Hawaiians today who are no longer native speakers of the language as well as higher level training in all academic areas. Preschool teachers from this program would be qualified to teach through either Hawaiian or English and its graduates would provide an invaluable resource, not only for the Pūnana Leo, but for English medium preschools serving Native Hawaiian children.

The third area where we need special support is in parent and community education. When we started in the mid 1980's, the core of our parents had special strengths in Hawaiian traditions and were in stable two parent relationships. Today, we face the results of continued cultural erosion and social breakdown among Native Hawaiians. We have many more single parents involved and there is much confusion regarding traditional Hawaiian values and the way in which they integrate into an educational institution. Because of the loss of Hawaiian cultural strength in the community, the negative stereotyping that began over a century ago has had a stronger effect on perceptions in the Native Hawaiian community itself. Lacking strong elders in their own families, many younger Hawaiian parents identify negative behavior as part of Hawaiian identity and have a very confused outlook that is more and more showing signs of becoming a feature of a permanent underclass. To reach these parents we need to directly address this cultural confusion through the media which has taken the attention of modern Native Hawaiian young parents from traditional Hawaiian activities. Access to the media would provide the positive cultural programs and attempt to decrease the destructive prejudices.

The 'Aha Pūnana Leo has developed the expertise over the past twenty years to move to a new professional level. Family involvement has always been a strength in our schools and our staff are dedicated to the education of the entire family. Indeed, many of our staff members were developed from parents who enrolled in our program and most recently, graduates who have returned to work with us. Over 90% of our staff are Native Hawaiians and a little over 80% of our core faculty have post-high education degrees, and/or certification, from a CDA certificate, an Associate of Arts in Early Childhood Education to Masters in Education. We also have a staff member who is in a doctoral program in Education, focusing her work on teacher training for Pūnana Leo preschools. All of our operational preschool directors are graduates of the Castle Colleagues Program, a program of Samuel N. and Mary Castle Foundation that provides leadership and network training and professional development for preschool directors and community builders in Hawai'i. We have also developed highly fluent Hawaiian speaking experts in curriculum development and media over the past twenty years who now make it possible for us to move to a higher level of service to the Native Hawaiian community.

The 'Aha Pūnana Leo is in a very precarious position as the only Hawaiian language preschool provider in the state, and one that is dependent on federal funding. With the Native Hawaiian Education Act we have moved Hawaiian language and culture education to a new level. It is now accepted that English medium preschools for Native Hawaiians *must include a cultural education component and not merely adopt the* teaching of Western concepts with a Hawaiian flavor. No other preschool program is at the level of the 'Aha Pūnana Leo where it can conduct itself through Hawaiian and from a fully Hawaiian world view that allows Native Hawaiians to reach their full potential as totally bilingual, bicultural and biliterate individuals. It is therefore essential for the 'Aha Pūnana Leo's Hawaiian medium preschool program to be guaranteed continuation and that it be specifically written into legislation.

More than ever the 'Aha Pūnana Leo and its staff are prepared to continue its "kuleana" to live and to pass on the uniqueness of the Native Hawaiian people through full use of our traditional language and culture integrated in today's modern world. The identity that we provide our preschool children and model ourselves is that of highly skilled and bilingual individuals successfully living fully as Native Hawaiians in today's global economy. Our use of our language and culture is what will maintain the existence of the Native Hawaiian people as Native Hawaiians. Without a living Hawaiian language and culture, the Native Hawaiian identity will further slip into that of a permanent underclass, defined in terms of negative achievement, incarceration, etc. which the broader statistics of much of the Native Hawaiian community already shows. "No kākou a pau ke kuleana 'o ka ho'okō i ke ola o ka 'Ōlelo Hawai'i". Let us all take on the responsibility of E Ola Ka 'Ōlelo Hawai'i - Let the Hawaiian Language Live.

Mahalo nui loa.

PROFILE OF YOUNG HAWAIIAN CHILDREN

This report focuses on Hawaiian children ages 0-5, of which there are 15,500 in the state of Hawaii. Data for adults, older children, and youth are included as they influence the lives of these keiki.

Photo by Canon USA

HEALTH AND SAFETY

Early on, a child's development and potential are affected by accessibility to prenatal care and birth conditions. Later, environmental factors play a greater role in determining the health and safety of keiki. The health behaviors of others in the family are learned and the physical conditions of the home and family relationships strongly affect the keiki's safety.

INDICATOR	Hawaiian	State
Births with early prenatal care	58.5%	83.4%
Children without health insurance	5.1%	5.4%
Low birth-weight babies	4.1%	7.3%
10th graders with regular cigarette use	21.4%	16.8%
10th graders with regular alcohol use	41.1%	32.4%
10th graders with regular marijuana use	27.9%	17.2%
Teen birth rate (per 1,000 ages 15-17)	62.6	22.6
Child abuse & neglect rate	22.3	9.5
Homeless children (age 0-5) in shelters	est. 350	1032
8th graders reporting drug use in home	56.3%	48.9%

Photo by University Relations

EDUCATION

Education is a lifelong process and when early experiences prepare children for the formal part of that process, they are most likely to be successful. School readiness is determined by the positive interaction among the child's developmental characteristics, school practices and family and community support.

INDICATOR	Hawaiian	State
3-year-olds with child care subsidies in center-based care	61.0%	75.0%*
3-year-olds with child care subsidies in Kith & Kin care	31.0%	25.0%*
Children at risk for developmental problems – low APGAR		1.5%
Kindergarteners having preschool experience	41.3%	45.4%
Public school students scoring **below average** - reading SAT	20.0%	20.0%*
Public school students scoring **below average** - math SAT	26.0%	18.0%*
Students in Special Education programs (elementary)	15.0%	12.0%
Teens in GRADS program for DOE pregnant/parenting students	385	774

non-Hawaiian data

Photo by Tami Dawson, Photo Resource Hawaii, Inc

FAMILY

The family is the most important resource for any child. Hawaiian families have many strengths, yet face many challenges. They place a higher value on family relationships and activities, but are often less stable and at economic disadvantage.

INDICATOR	Hawaiian	State
Average family size	4.1	3.4
6th graders living 2 adults, at least one biological parent	67.3%	73.8%
Births that are to women under 18 years of age	4.9%	3.2%
First births as proportion of all births	27.2%	41.2%
Non-marital births	41.3%	32.3%
Births to mother with less than 12 years education	12.9%	10.7%
Children in free/reduced price lunch program	67.4%	49.6%
Kids reporting parents unconcerned about anti-social behavior	28.0%	25.7%
Kids reporting poor family supervision	49.1%	48.0%
Kids reporting family conflict	46.8%	40.6%
Adults reporting family makes time to do things together	91.0%	87.0%
Number of times per week children see their grandparents	4.4	3.4
Families attend neighborhood celebrations and cultural events	61.0%	58.0%

CENTER ON THE FAMILY

HAWAII kids count

For more information, contact Marcia Hartsock at the University of Hawaii – Center on the Family at 956-4136 or at marciah@hawaii.edu.

U.S. Department of Education
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